

Name
in
Full

CERTIFICATE OF DEATH

Sarah Jane Adams

Town

County

MARYLAND

Died at

Annapolis

Annapolis

Date

of death

1909 Jan 9

Month

Day

3

Age

Years

Months

Days

Sex

Female

Color or
Race

Colored

Birth-
place

Wash St

Occupation

Where Residing if not
at place of death

72 Wash St.

~~Married~~, Single

~~or Widowed~~

Name of Wife or
Husband

Father's
Name

Norman Adams

Father's
Birthplace

Annapolis

Mother's
Maiden Name

Josephine May

Mother's
Birthplace

"

Name of person giving
Information

Josephine May

How related
to deceased

Grandma

CAUSES OF DEATH

Primary

Premature Birth

How long

151

✓

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

Wm S Welch M.D. H.O.
Annapolis

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

1



Name
in
Full

Wladyslawa Andrzejewski

CERTIFICATE OF DEATH

MARYLAND

Died at So. BaltimoreCounty a.a.Date of death 1909 JuneDay 12Age 19

Months

Days

Sex FemaleColor or
RacewhiteBirth-
placePolandOccupation HouseworkWhere Residing if not
at place of deathEast Brooklyn, Md☒ Single
☒ WidowedName of Wife or
HusbandFather's
NameJohn AndrzejewskiFather's
BirthplacePolandMother's
Maiden NameBalbina WachwitchMother's
BirthplacePolandName of person giving
InformationBalbina AndrzejewskiHow related
to deceasedmother

CAUSES OF DEATH

164

✓

Primary

Skull fractured by trolley car

How long

Immediate

Cerebral Hemorrhage

How long

at onceAre the name, age, sex, color, date
and place correctly given above?yesSignature of
Physician

Address

John C. PoteeBrooklyn A. A. CoMaryland

Accident

SwingTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Brooks Bethea

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Mc. Cuffensville		Anne Arundel					
Date of death	Month	Day	Age	Years	Months	Days	
1909	June	25	1		9	2	
Sex	Color or Race		Birth-place				
Male	Colored		Newport News, Va				
Occupation	Where Residing if not at place of death						
Married, Single or Widowed		Name of Wife or Husband					
Single							
Father's Name		Father's Birthplace					
James Bethea		South Carolina					
Mother's Maiden Name		Mother's Birthplace					
Lornia Mc. Crae		South Carolina					
Name of person giving Information		How related to deceased					
James Bethea		Father					

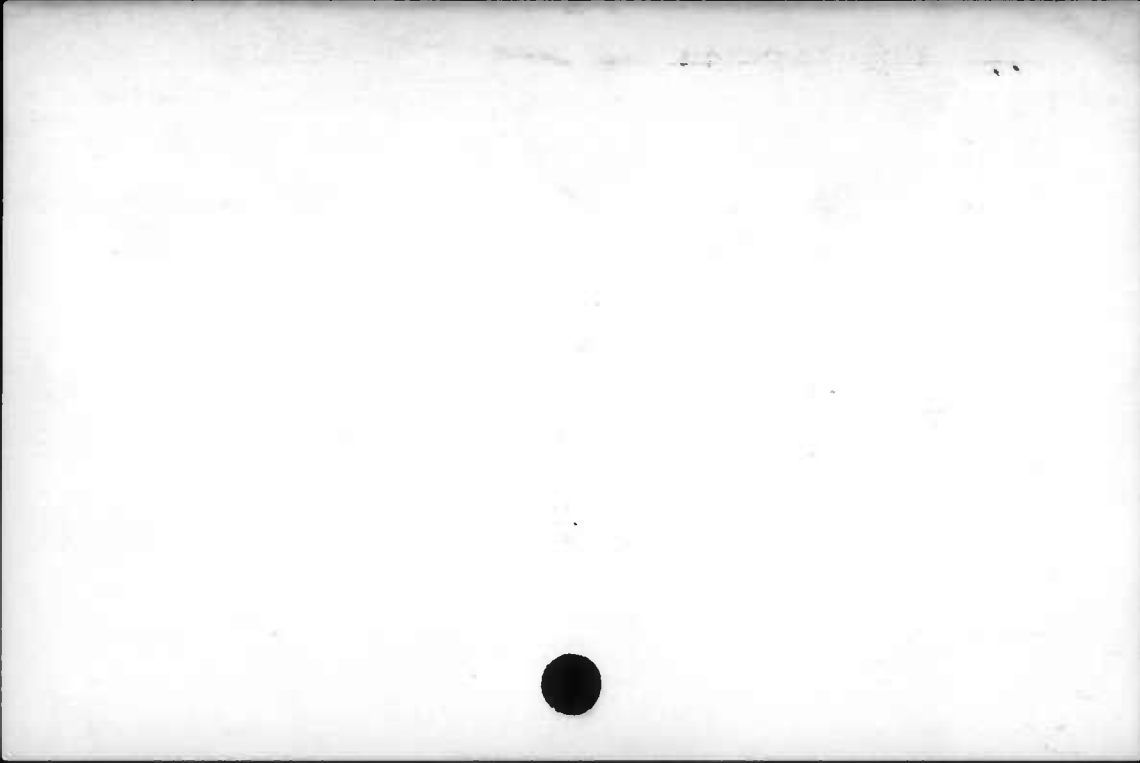
CAUSES OF DEATH

105

✓

PHYSICIAN
OR CORONER

Primary	Sumner Complaint	How long	3 weeks
Immediate	Exhaustion	How long	Immediate
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		James S. Bellingslee - M.D.	
Address		Sub. registered & 24 dist.	
Accident or Suicide		A.G. Co. Me	
No			



Name
in
Full

Wilber Albert Boone

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Fredericksville</i>		Town		County		ANNE ARUNDEL	
Date of death <i>1909</i>		Month <i>June</i>		Day <i>28</i>		Years <i>X</i>	
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birthplace <i>Anne Arundel Co</i>		Months <i>11</i>	
Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>		Years <i>X</i>		Days <i>X</i>	
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>		Father's Birthplace <i>Anne Arundel Co</i>		Mother's Birthplace <i>Anne Arundel Co</i>	
Father's Name <i>Staten Henry Boone</i>		Mother's Maiden Name <i>Elyzabeth Lee</i>		Name of person giving Information <i>Staten H. Boone</i>		How related to deceased <i>Father</i>	

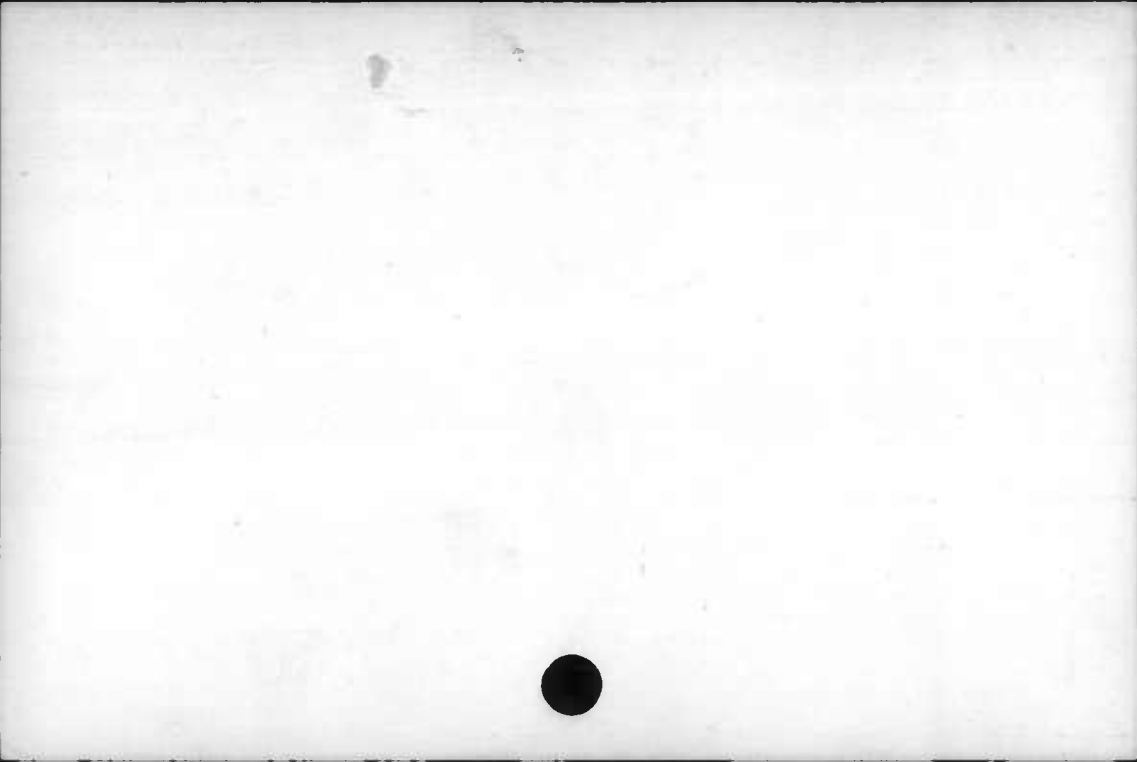
CAUSES OF DEATH

105

Y

PHYSICIAN
OR CORONER

Primary	<i>Summer Complaint</i>	How long	<i>2 weeks</i>
Immediate	<i>Exhaustion</i>	How long	<i>Immediately</i>
Are the name, age, sex, color, data and place correctly given above? <i>Yes</i>		Signature of Physician <i>James S. Bellinger M.D.</i>	
Address <i>Arming M.D.</i>		Address <i>—</i>	
Accident or Suicide <i>No</i>		Address <i>—</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Name in Full Mary Chew Booz		Town annapolis		County a-a-		MARYLAND	
Died at annapolis		Month June		Day 25		Years 48	
Date of death 1909 June 25		Age 48		Months 7		Days 14	
Sex Female		Color or Race Colord		Birth-place annapolis			
Occupation Domestic		Where Residing if not at place of death 49 Washington St					
Married, Single or Widowed Widow		Name of Wife or Husband Edward Booz					
Fether's Name John Chew		Fether's Birthplace annapolis					
Mother's Maiden Name Harriet Chew		Mother's Birthplace annapolis					
Name of person giving Information Cornell Chew Davis		How related to deceased Son					

Brewerhill

CAUSES OF DEATH

27

✓

Primary Cause Pulmonary Tuberculosis		How long months	
Immediate Cause Heart Failure		How long Immediate	
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician Ambrose Garcia M.D.	
		Address 12 Calay St Annapolis Md	
Accident or Suicide —			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Martha Brown

Town *East Port* County *Atts.* **MARYLAND**

Died at *East Port*

Date of death *1909 June 23rd* Age *21 yrs*

Sex *Female* Color or Race *col.* Birthplace *Atts. Md*

Occupation *Laundress* Where Residing if not at place of death

Married, Single or Widowed *Yes* Name of Wife or Husband *Charles Brown*

Father's Name *Wesley Ibanod* Father's Birthplace *Atts. Md*

Mother's Maiden Name *Martha Ibanod* Mother's Birthplace *Atts. Md*

Name of person giving Information *Father* How related to deceased

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

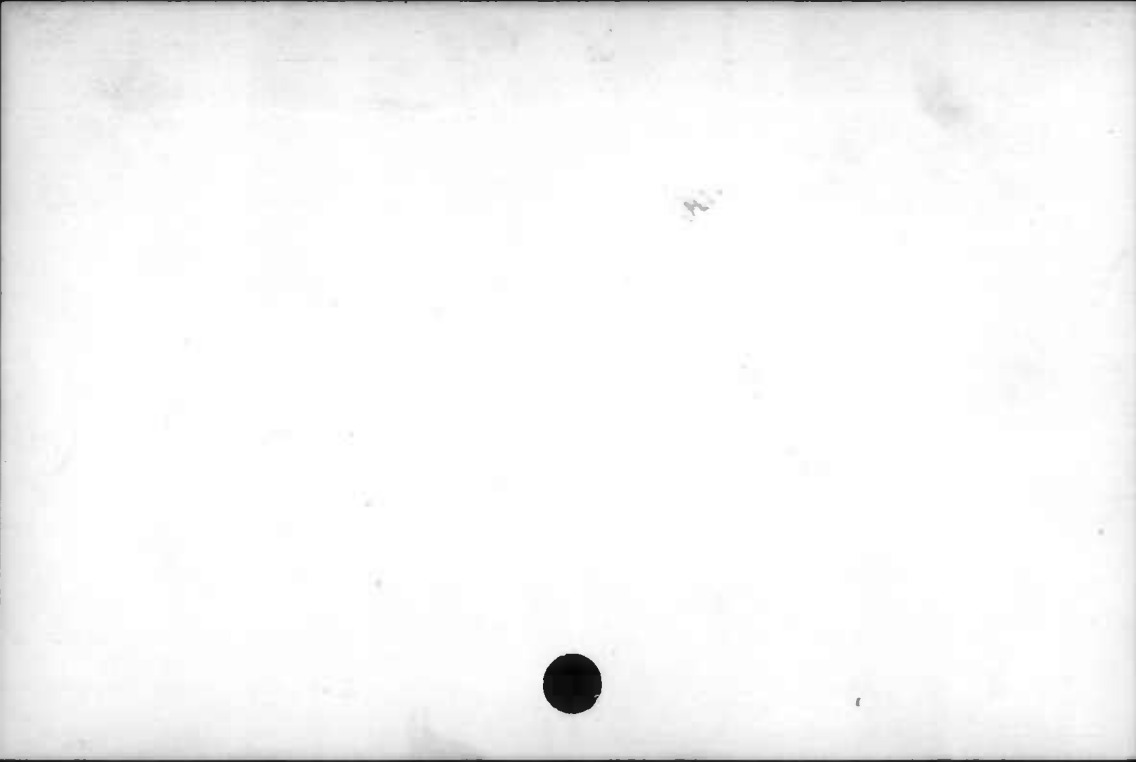
Primary *Nephritis* How long *Months*

Immediate *Nephritis Exhaustion* How long *Gradual*

Are the name, age, sex, color, data and place correctly given above? *Yes*

Signature of Physician *John Ridout* Address *Annapolis Md*

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Baby Coffin

Died at East Port Town A. A. County MARYLAND

Date of death 1909 June 5 Age - Months - Days -

Sex Male Color or Race White Birth-place East Port Md

Occupation None Where Residing if not at place of death -

Married, Single or Widowed Single Name of Wife or Husband None

Father's Name Henry S. Coffin Father's Birthplace Annapolis Md

Mother's Maiden Name Serra A. Brewer Mother's Birthplace East Port Md

Name of person giving Information Serra A. Coffin How related to deceased Mother

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Still born

How long

Immediate

How long

Are the name, age, sex, color, data and place correctly given above?

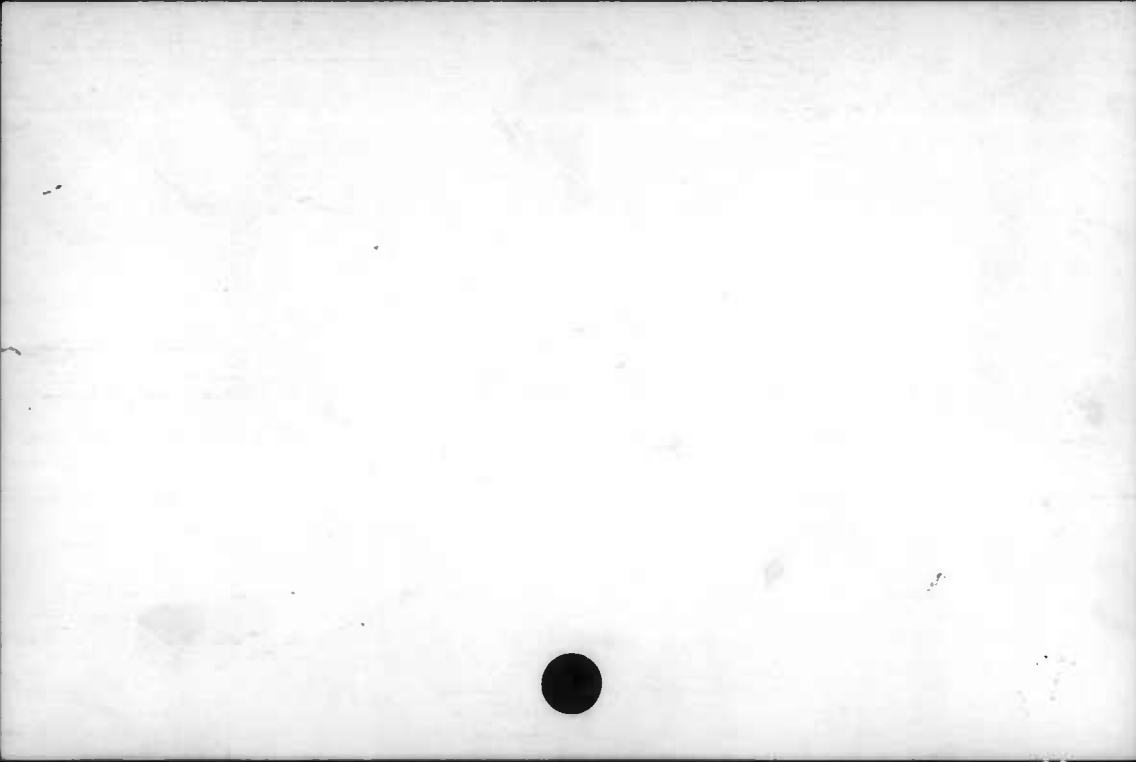
Yes

Signature of Physician

Address

John Ridout
Annapolis
Md

Accident or Suicide



Name
in
Full

Arthur Coleman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

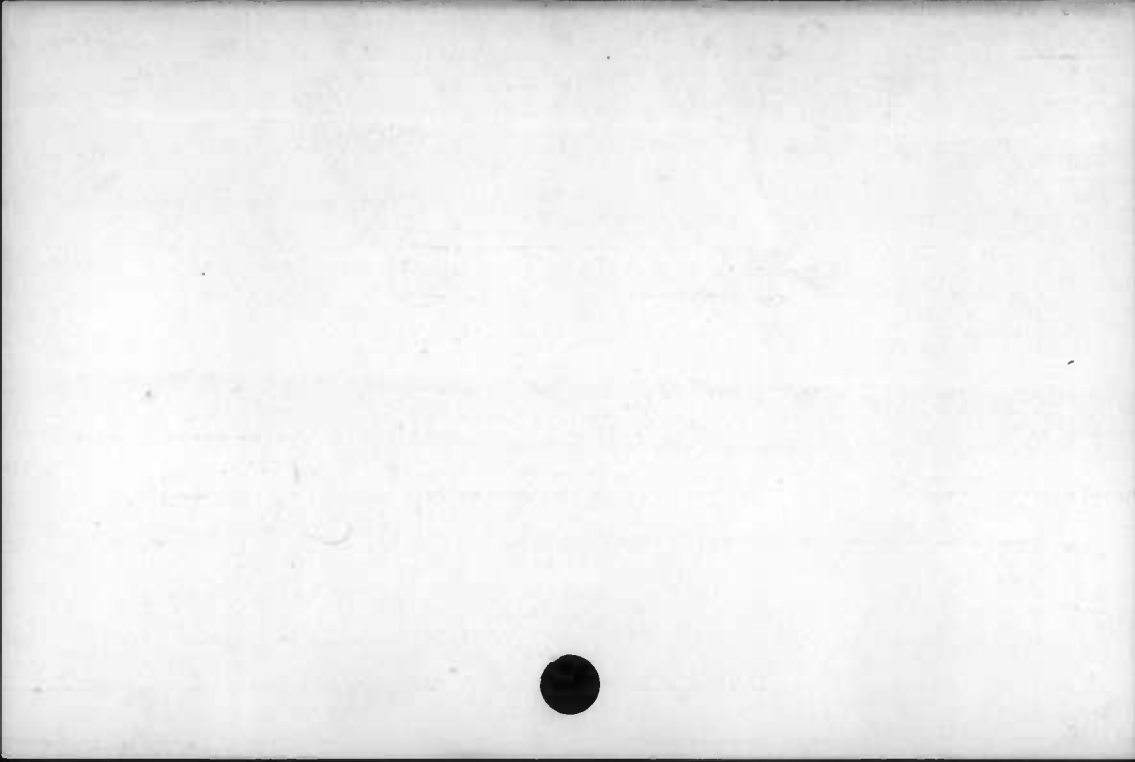
Died at		Town <i>Fresno</i>		County <i>Butte</i>		MARYLAND	
Date of death	1909	Month <i>June</i>	Day <i>17</i>	Age <i>18</i>	Years	Months	Days
Sex <i>Male</i>	Color or Race <i>black</i>		Birth-place <i>Kent Co. Md</i>				
Occupation <i>Laborer</i>			Where Residing if not at place of death <i>at Place of death</i>				
Married, Single or Widowed <i>Single</i>			Name of Wife or Husband				
Father's Name <i>Unknown</i>				Father's Birthplace <i>Unknown</i>			
Mother's Maiden Name <i>Unknown</i>				Mother's Birthplace <i>Unknown</i>			
Name of person giving information <i>James Jones</i>				How related to deceased <i>husband at death</i>			

CAUSES OF DEATH

27 ✓

PHYSICIAN
OR CORONER

Primary	<i>Tuberculosis</i>	How long	<i>8 mos</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. B. Deserly</i>	
<div data-bbox="72 889 167 988" data-label="Text"> <p>①</p> </div> <i>No</i>		Address <i>Lancaster Md</i>	
Accident or Suicide?			



Name
in
Full

Abram Dorsey -

CERTIFICATE OF DEATH

Died at *Millersville* Town*Anne Arundel* County

MARYLAND

Date of death *1909 June*

Month

Day

10

Age

Years

60(?)

Months

Days

Sex *male*Color or Race *Black*Birthplace *Maryland*Occupation *Laborer*

Where Residing if not at place of death

Married, Single or Widowed

Name of Wife or Husband

*Elizabeth Dorsey*Father's Name *Harry Dorsey*Father's Birthplace *Maryland*Mother's Maiden Name *unknown*

Mother's Birthplace " "

Name of person giving Information *Elizabeth Dorsey*How related to deceased *wife*

CAUSES OF DEATH

Primary

Natural Causes

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician

E. D. Joyce Inscher

Address

John Peace acting as Coroner

Accident or Suicide

*Millersville Md*TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Name
in
Full

CERTIFICATE OF DEATH

Antone Fredokowsky

Town

County

MARYLAND

Died at So. Batts.

a. a.

Date

Month

Day

Years

Months

Days

of death 1909

June

15

Age

—

5

—

Sex

Male

Color or
Race

White

Birth-
place

Batts. Md

Occupation

—

Where Residing if not
at place of death

—

Married, Single
or Widowed

—

Name of Wife or
Husband

—

Father's
Name

Stanislaw Fredokowsky

Father's
Birthplace

Russia

Mother's
Maiden Name

Francis Golomboski

Mother's
Birthplace

Md

Name of person giving
Information

Stanislaw Fredokowsky

How related
deceased

Father

CAUSES OF DEATH

Primary

Entero-Colitis

How long

7 Days

Immediate

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Thos B. Horton M.D.

Address

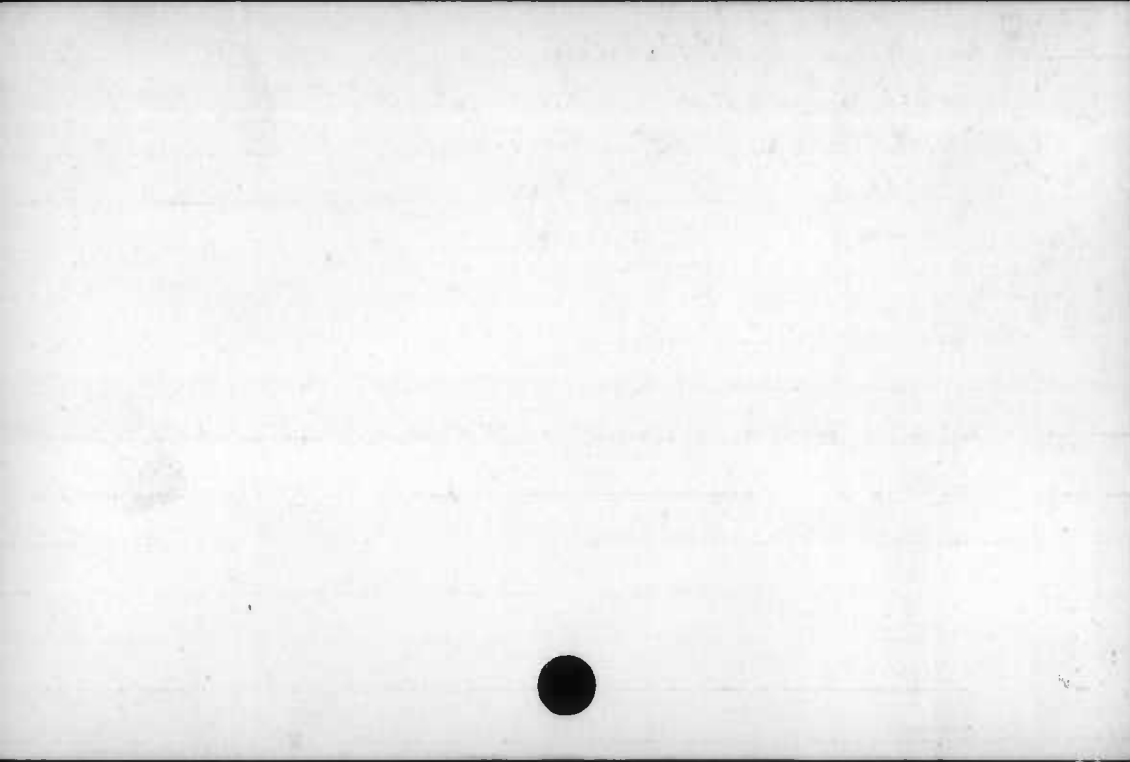
So. Batts. Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

105 ✓



Name
in Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Bridget Frank

Town

County

MARYLAND

Died at

Annapolis

A.A. Co.

Date of death

1902

Month

June

Day

6

Years

Age

66

Months

Days

Sex

Female

Color or Race

White

Birth-place

Ireland

Occupation

House Wife

Where Residing if not at place of death

Married, Single or Widowed

Widow

Name of Wife or Husband

Peter Frank

Father's Name

in known

Father's Birthplace

France

Mother's Maiden Name

" "

Mother's Birthplace

Ireland

Name of person giving Information

Peter Aloysius Frank

How related to deceased

Son

CAUSES OF DEATH

40

✓

Primary

Cancer Stomach

How long

two years

Immediate

Aspiration

How long

four days

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Geo. Wells

Address

Annapolis Maryland

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

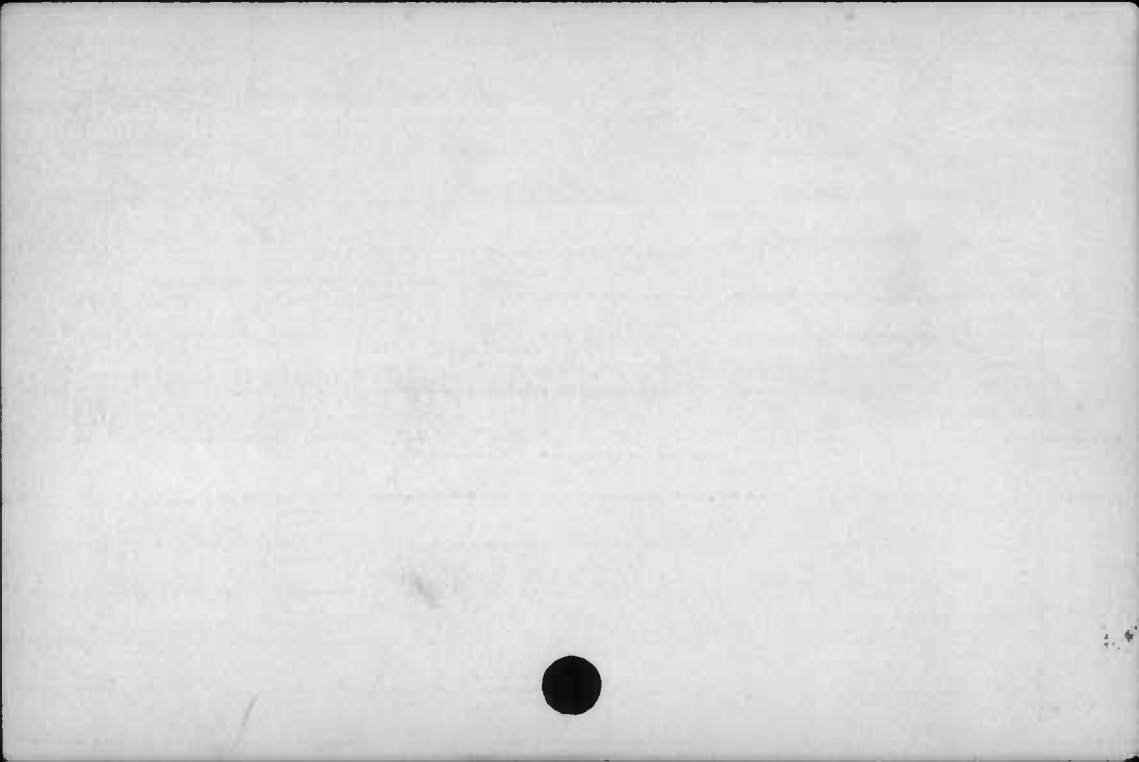
Died at <i>Solleys</i> Town		<i>A A</i> County		MARYLAND	
Date of death <i>1909</i>	Month <i>June</i>	Day <i>23</i>	Age <i>7</i>	Years <i>7</i>	Months <i>7</i>
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>Anne Arundel Co</i>		
Occupation <i></i>			Where Residing if not at place of death <i>Anne Arundel Co</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i></i>			
Father's Name <i>James Gifson</i>			Father's Birthplace <i>Maryland</i>		
Mother's Maiden Name <i>Sarah Watkins</i>			Mother's Birthplace <i>North Carolina</i>		
Name of person giving information <i>Sarah Watkins</i>			How related to deceased <i>" "</i>		

CAUSES OF DEATH

105 ✓

PHYSICIAN
OR CORONER

Primary	How long <i>8 days</i>
Immediate <i>Cholera - Infarction</i>	How long <i>8 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>John P. Lee Ormer</i>
	Address <i>Brooklyn A A Co Ma</i>



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Abreen Green* Town *Annapolis* County *ANNAPOLIS*

Died at *Annapolis* *MARYLAND*

Date of death 190 *9* Month *June* Day *17* Age *26* Years Months Days

Sex *Female* Color or Race *Colored* Birthplace *Annapolis Md*

Occupation *Domestic* Where Residing if not at place of death *North West St.*

Married, Single or Widowed *Single* Name of Wife or Husband _____

Father's Name *Jasper Green* Father's Birthplace *West River Md*

Mother's Maiden Name *Wiley Harris* Mother's Birthplace *" "*

Name of person giving Information *" "* How related to deceased *Nothing*

CAUSES OF DEATH

27 ✓

PHYSICIAN
OR CORONER

Primary *Pulmonary Tuberculosis* How long *months*

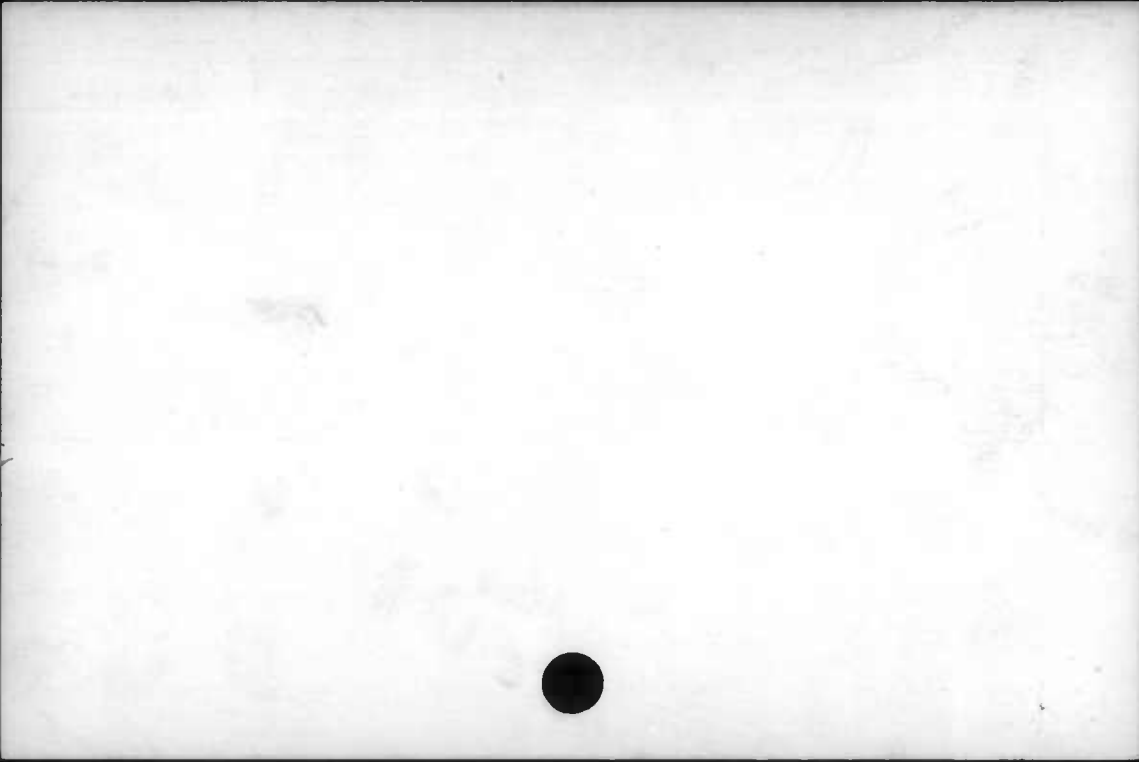
Immediate *Asphyxia* How long *Immediate*

Are the name, age, sex, color, data and place correctly given above? *yes*

Signature of Physician *Ambrose Garcia M.D.*

Address *126 E. 6th St. Annapolis Md.*

Accident or Suicide



Name
in
Full

Mary S Gross

CERTIFICATE OF DEATH

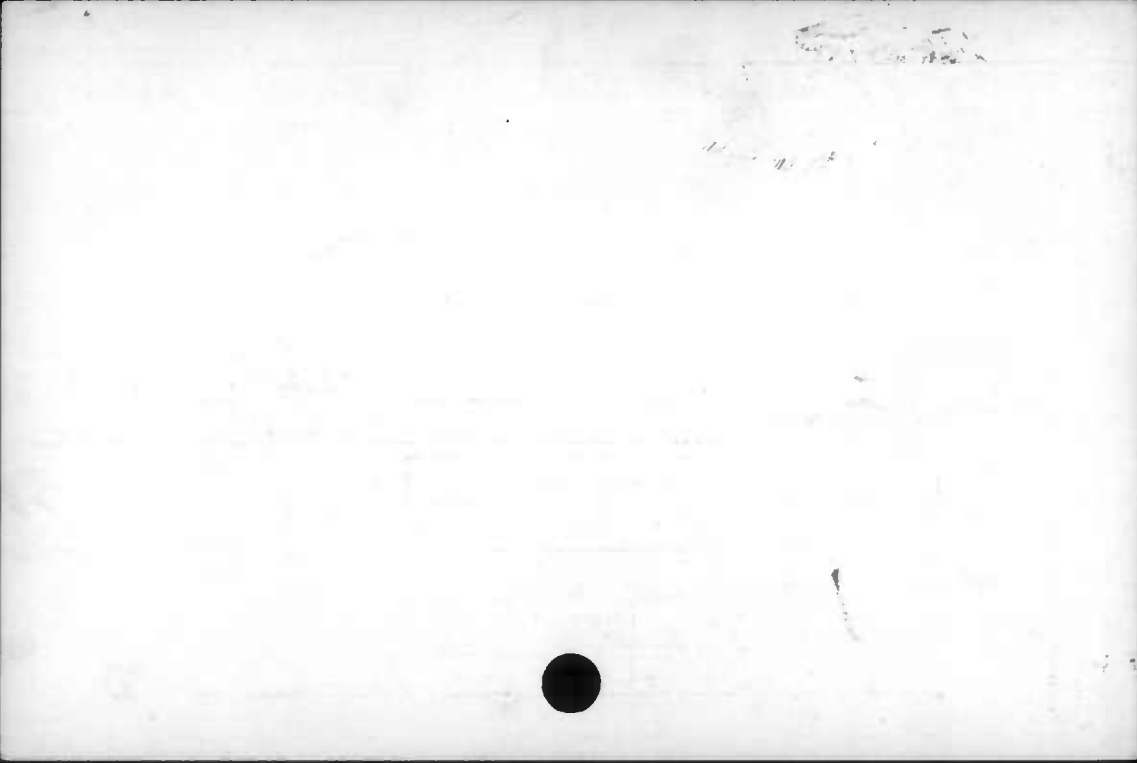
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Crumbsville</i>		Town		County <i>a a</i>		MARYLAND	
Date of death <i>1909 June 20</i>		Month		Day		Age <i>4</i>	
Sex <i>female</i>		Color or Race <i>white</i>		Birthplace <i>md</i>		Months <i>2</i> Days <i>—</i>	
Occupation				Where Residing if not at place of death			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>John Gross</i>		Father's Birthplace <i>md</i>					
Mother's Maiden Name <i>Fester Island</i>		Mother's Birthplace <i>md</i>					
Name of person giving Information <i>John Gross Jr.</i>		How long to deceased <i>father</i>		<i>179</i> ✓			

CAUSES OF DEATH

Primary	<i>unknown</i>	How long	<i>unknown</i>
Immediate	<i>unknown</i>	How long	<i>unknown</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>W. H. Talbot</i>	
Accident or Suicide <i>Further</i>		Address <i>Sub Reg</i>	

PHYSICIAN
OR CORONER
1



Name
in
Full

Sheldon R

Guss

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Cambarston* Town *a* County *a* MARYLAND

Date of death 190 *9* Month *June* Day *27* Age *—* Years Months *2* Days *—*

Sex *Male* Color or Race *Coler* Birth-place *md*

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed *single* Name of Wife or Husband _____

Father's Name *John Guss* Father's Birthplace *md*

Mother's Maiden Name *Kerton Ireland* Mother's Birthplace *md*

Name of person giving Information *John T. Guss Jr* How related to deceased *father*

CAUSES OF DEATH

179

Primary *unknown* How long *unknown*

Immediate *unknown* How long *unknown*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *W. H. Talbot*

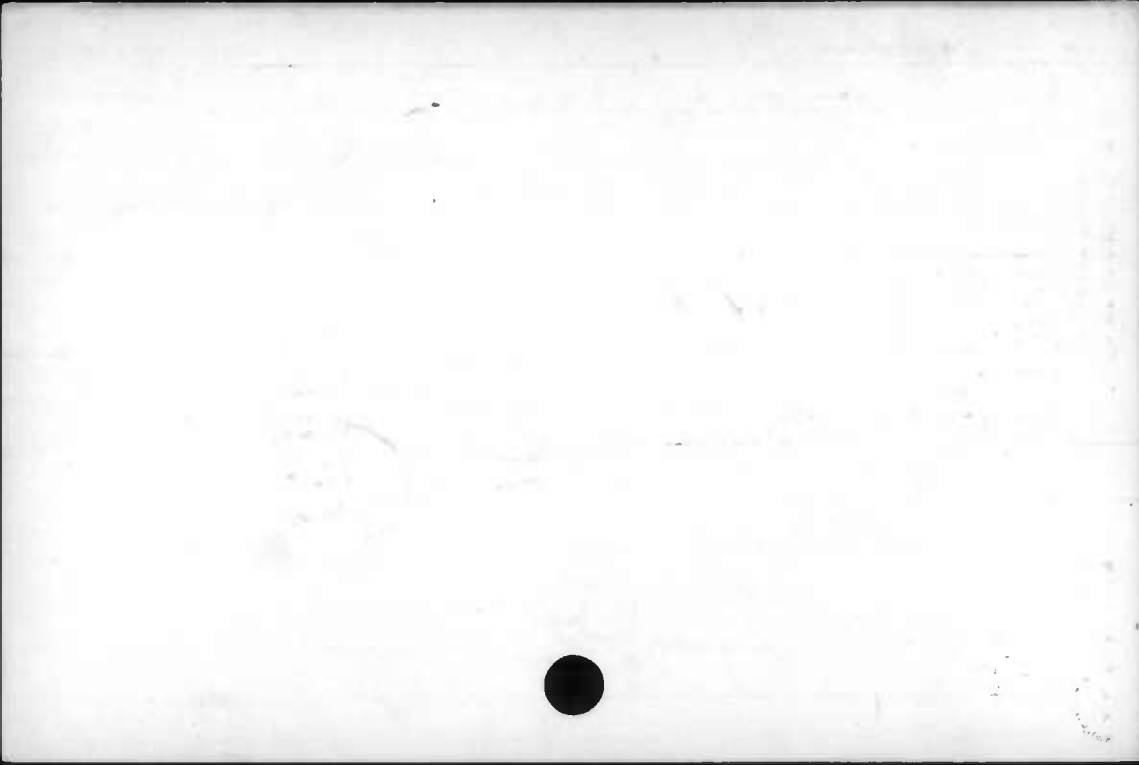
Address _____

Accident or Suicide *unknown*

Sub Reg.

PHYSICIAN
OR CORONER

1



Name
in
Full

Eugene Haele

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Greencastle</u> Town		<u>Anne Arundel</u> County		MARYLAND	
Date of death	1909	Month	June	Day	22
Age	0	Years	0	Months	1
Sex	Male	Color or Race	Black	Birth-place	Md.
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Single					
Father's Name			Father's Birthplace		
Lewis Hall			Md.		
Mother's Maiden Name			Mother's Birthplace		
Jane Evans			Md.		
Name of person giving information			How related to deceased		
Lewis Hall			Father		

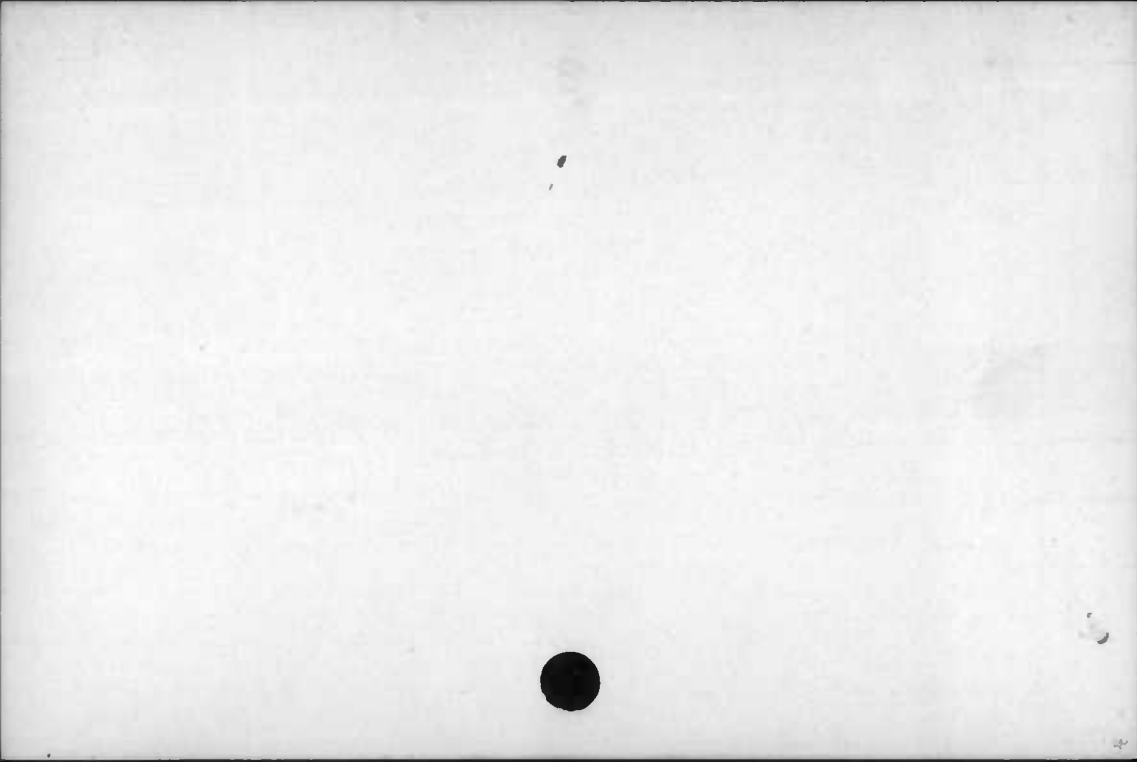
CAUSES OF DEATH

105

✓

PHYSICIAN
OR CORONER

Primary	<u>Enterocolitis</u>	How long	<u>1 week</u>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		<u>A. H. Perrie</u>	
		Address	
		<u>Thelkender,</u>	
		<u>Md.</u>	
Accident or Suicide?			



Name
in
Full

Rebecca Hall

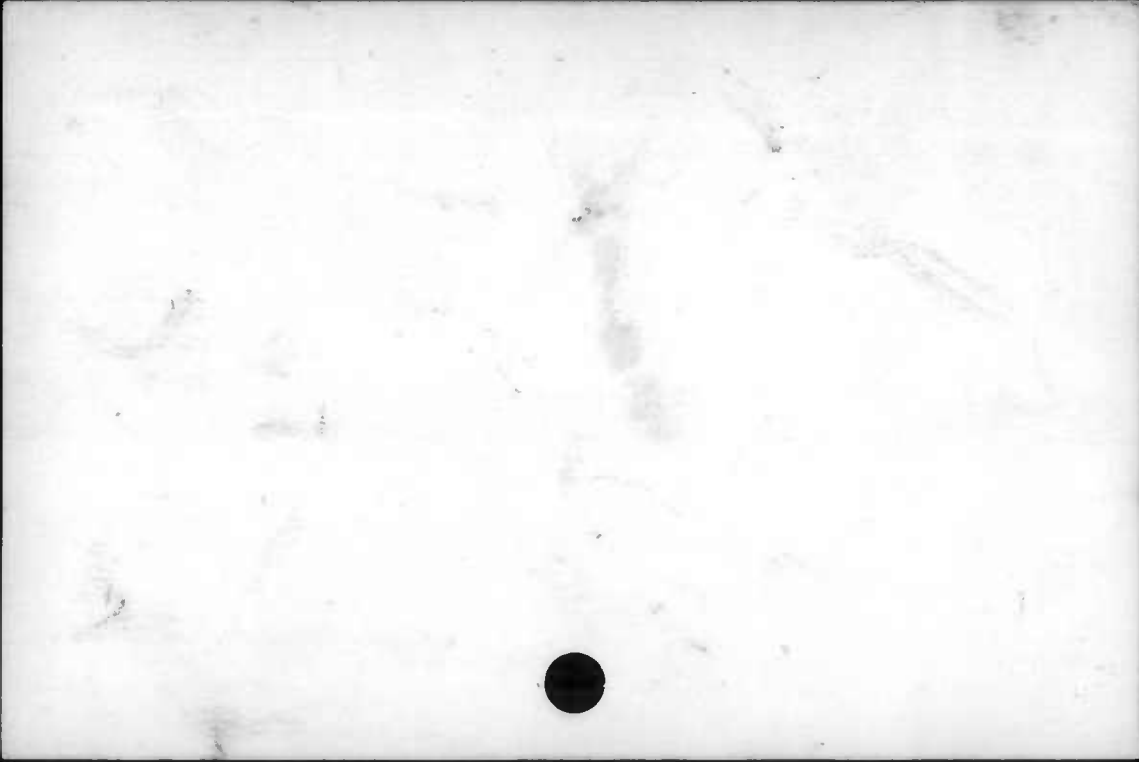
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at 3rd ^{Town} ^{County} A. D. ^{MARYLAND}Date of death 1909 ^{Month} June ^{Day} 21st ^{Years} Age 35 ^{Months} ^{Days}Sex Female ^{Color or Race} White ^{Birth-place} A. D. Co. Md.Occupation Housewife ^{Where Reading if not at place of death}Married, Single or Widowed Married ^{Name of Wife or Huaband} J. D. HallFather's Name Alfred Hall ^{Father's Birthplace} Not knownMother's Maiden Name Sarah Gamble ^{Mother's Birthplace} Not knownName of person giving Information J. D. Hall ^{How related to deceased} Husband

CAUSES OF DEATH

179 ✓

PHYSICIAN
OR CORONERPrimary Heart Failure ^{How long}Immediate ^{How long}Are the name, age, sex, color, data and place correctly given above? ^{Signature of Physician} J. D. Ridout^{Address} Baltimore Md.Accident or Suicide ^{Signature of Physician} J. D. Ridout



Name
in
Full

Woolford Harrison

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Rock Creek 3 1/2 Section</i>		Town <i>Rock Creek</i>		County <i>Frederick</i>		MARYLAND	
Date of death	<i>1909</i>	Month <i>June</i>	Day <i>27</i>	Age <i>19</i>	Years <i>—</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>negro</i>		Birth-place <i>Balti City - Md</i>				
Occupation <i>Laborer</i>	Where Residing if not at place of death <i>820. W. Fernum St Baltimore City.</i>						
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>—</i>						
Father's Name <i>Wallis Harrison</i>	<i>820 W. Fernum Street Baltimore City - Md</i>			Father's Birthplace <i>Balti City - Md</i>			
Mother's Maiden Name <i>Unknown</i>	<i>Quincy Alley Baltimore City</i>			Mother's Birthplace <i>Balti City - Md</i>			
Name of person giving information <i>Charles Syre</i>	<i>634 Pine</i>			How related to deceased <i>A friend</i>			

CAUSES OF DEATH

172 ✓

PHYSICIAN
OR CORONER

Primary <i>—</i>	How long <i>—</i>
Immediate <i>Browning</i>	How long <i>1/2 hour</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Chas. S. Dunlop</i>
	Address <i>Justice of the Peace acting as Coroner</i>
Accident or Suicide? <i>Accident</i>	<i>P.O. Armistead, A. C. and</i>



Name
in Full

Isabelle K Harvey

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		STATE	
East-Port				Anne Arundel		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1909		June	23	Age	66		
Sex	Female		Color or Race	White		Birth-place	Balto, Md
Occupation	Housework			Where Residing if not at place of death			
Married, Single or Widowed	Married		Name of Wife or Husband	Thomas Harvey			
Father's Name	Unknown			Father's Birthplace	Unknown		
Mother's Maiden Name	Unknown			Mother's Birthplace	Unknown		
Name of person giving Information				How related to deceased			
J. J. Caccia				Step Daughter			

CAUSES OF DEATH

79

Primary	Cardiac Asthenia	How long	2 weeks or more
Immediate	Hypostatic Pneumonia	How long	3 days.
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		J. Oliver Purvis	
Accident or Suicide		Address	
No		Annapolis, Md.	

PHYSICIAN
OR CORONER



Name
in
Full

Hanson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at <u>Bristol</u> Town		<u>Anne Arundel</u> County			
Date of death <u>1909</u>	Month <u>June</u>	Day <u>24</u>	Age <u>0</u>	Months <u>3</u>	Days <u>—</u>
Sex <u>Male</u>	Color or Race <u>Black</u>		Birth-place <u>Md.</u>		
Occupation <u>—</u>			Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u>—</u>			
Father's Name <u>Unknown</u>		Father's Birthplace <u>Unknown</u>			
Mother's Maiden Name <u>Sallie Hanson</u>		Mother's Birthplace <u>Md.</u>			
Name of person giving information <u>Jos G. Flynn</u>		How related to deceased <u>None</u>			

CAUSES OF DEATH

105 ✓

PHYSICIAN
OR CORONER

Primary	<u>Enterocolitis</u>	How long	<u>1 week</u>
Immediate	<u>—</u>	How long	<u>—</u>
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>A. H. Bannie</u>
		Address	<u>McAndrews</u>
Accident or Suicide?			<u>Md</u>



Name
in
Full

CERTIFICATE OF DEATH

John Januszewski

Died at *East* ^{Town} *Brooklyn* ^{County} *Que* **MARYLAND**

Date of death **1909** ^{Month} *6* ^{Day} *5* ^{Age} *50* ^{Years} *50* ^{Months} *—* ^{Days} *—*

Sex *Male* Color or Race *White* Birth-place *Rus*

Occupation *Lab* Where Residing if not at place of death *—*

Married, Single or Widowed *Married* Name of Wife or Husband *Annie*

Father's Name *Joseph Januszewski* Father's Birthplace *Rus*

Mother's Maiden Name *Annie* Mother's Birthplace *Rus*

Name of person giving information *Tenii Januszewski* How related to deceased *Daughter*

CAUSES OF DEATH

177 ✓

Primary *Drooping* How long *5 mo*

Immediate *Heart failure* How long *3 days*

Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *Chas. A. Brooke*

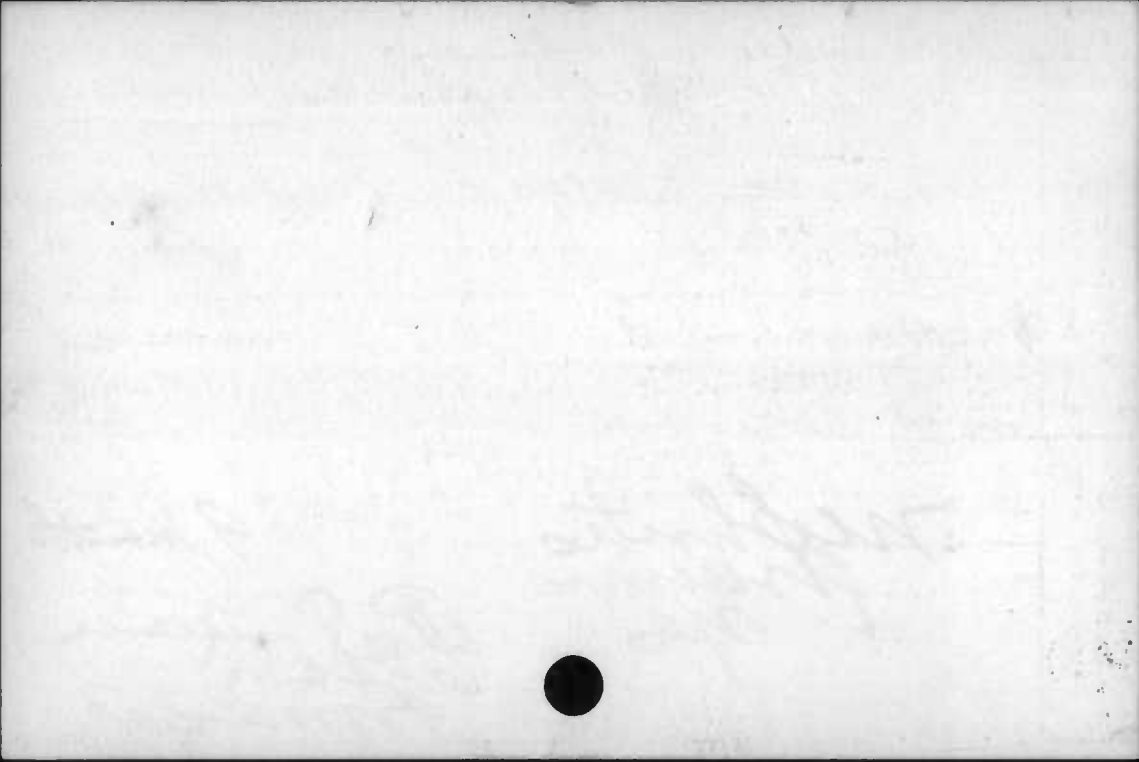
Address *Brooklyn*

Accident or Suicide? *No*

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

1



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Cornelius L. Johnson* Town *Garrett* County *Anne Arundel* MARYLAND
Died at *Garrett*
Date of death *1909 June 27* Age *5* Years *22* Months *22* Days
Sex *Male* Color or Race *Colored* Birth-place *Garrett*
Occupation _____ Where Residing if not at place of death *Garrett*

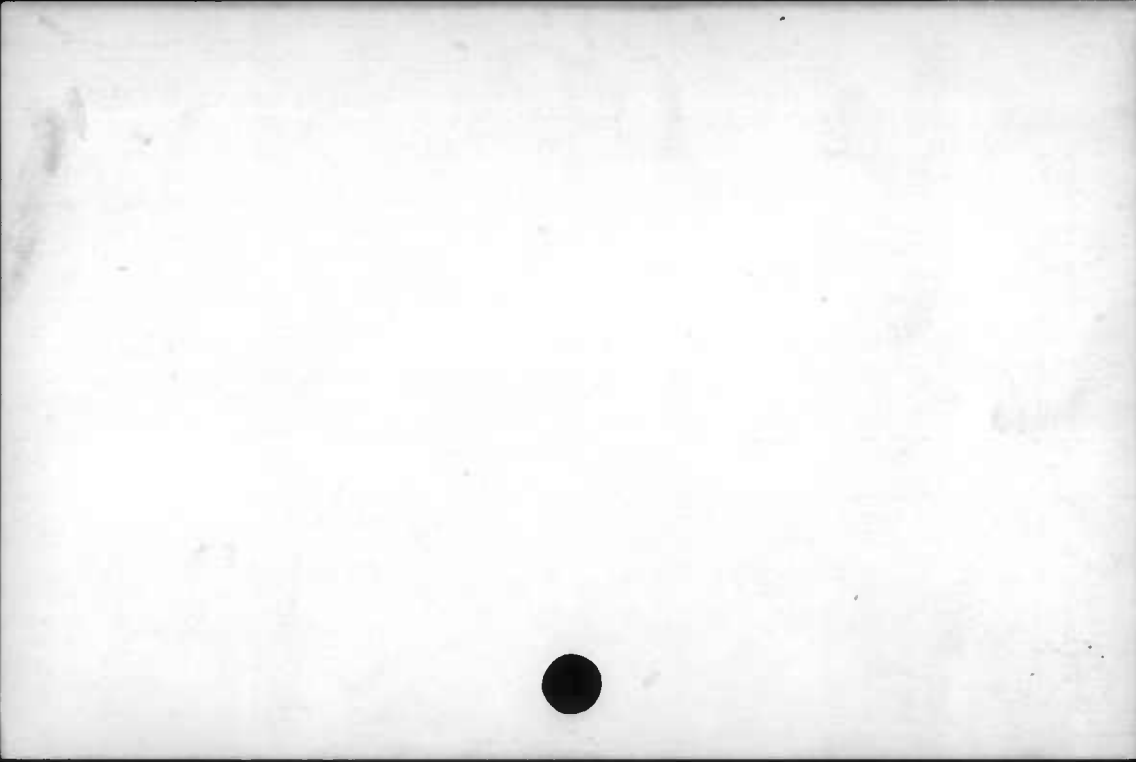
~~Married, Single or Widowed~~ *Single* Name of Wife or Husband _____
Father's Name *Jacobus Johnson* Father's Birthplace *D.A.C.*
Mother's Maiden Name *Florence Green* Mother's Birthplace *D.A.C.*
Name of person giving Information *Elisha Green* How related to decedent *Grandfather*

CAUSES OF DEATH

105 ✓

PHYSICIAN
OR CORNER

Primary *Cholera Infarction* How long *24 hours*
Immediate *Convolutions* How long *2 hours*
Are the name, age, sex, color, data and place correctly given above? *yes*
Signature of Physician *R. P. Kueber*
Address *b. o. c. Medical Bldg
Annapolis Md*
Accident or Suicidal *no*



Name
in
Full

Alexander Johnson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *annapolis md* *ar* *ar* *ed*Date of death *1909* Month *June* Day *4* Age *55 yrs* Months *—* Days *—*Sex *female* Color or Race *colored* Birth-place *Golbert Co. md*Occupation *laundress* Where Residing if not at place of death *80 Washington St*Married, Single or Widowed *widowed* Name of Wife or Husband *John Johnson*Father's Name *unknown* Father's Birthplace *unknown*Mother's Maiden Name *unknown* Mother's Birthplace *unknown*Name of person giving information *Naggio Little* How related to deceased *daughter*

CAUSES OF DEATH

120

✓

PHYSICIAN
OR CORONERPrimary *Nephritis* How long *9 months*Immediate *anaemia* How long *three weeks*Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *J. P. Deane*Address *600 Third St
Gm 201*Accident or Suicide? *no*

to. to see

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR
CORONER

Name in Full <i>Jane Johnson</i>		Town <i>Bermantown</i>		County <i>A-a-</i>		MARYLAND	
Died at		Month <i>June</i>		Day <i>8</i>		Years <i>48</i>	
Date of death <i>1908</i>		Month <i>June</i>		Day <i>8</i>		Years <i>48</i>	
Sex <i>Female</i>		Color or Race <i>Colord</i>		Birth-place <i>South River</i>		Months Days	
Occupation <i>Domestic</i>		Where Residing if not at place of death <i>Bermantown</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>James Johnson</i>					
Father's Name <i>William Hunter</i>		Fether's Birthplace <i>South River</i>					
Mother's Maiden Name <i>Rachel Hawkins</i>		Mother's Birthplace <i>South River</i>					
Name of person giving Information <i>Mary Boston</i>		How related to deceased <i>Sister</i>					
<i>Dr Ridout</i>		CAUSES OF DEATH					
Primary <i>Chronic Nephritis</i>		How long <i>Months</i>					
Immediate <i>Exhaustion</i>		How long <i>Gradual</i>					
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>John Ridout</i>		Address <i>Annapolis Md</i>			
Accident or Suicide							



Name
in
Full

Stephen Johnson

CERTIFICATE OF DEATH

Died at Patuxent Town a County a MARYLAND

Date of death 1909 June Month 30 Day 70 Age 70 Years — Months — Days

Sex Male Color or Race — Birthplace md

Occupation farmer Where Residing if not at place of death —

Married, Single or Widowed Married Name of Wife or Husband Jane Johnson

Father's Name Stephen Johnson Jr. Father's Birthplace md

Mother's Maiden Name — Mother's Birthplace —

Name of person giving Information Chas Johnson How related to deceased son

CAUSES OF DEATH

Primary Heat Stroke How long —

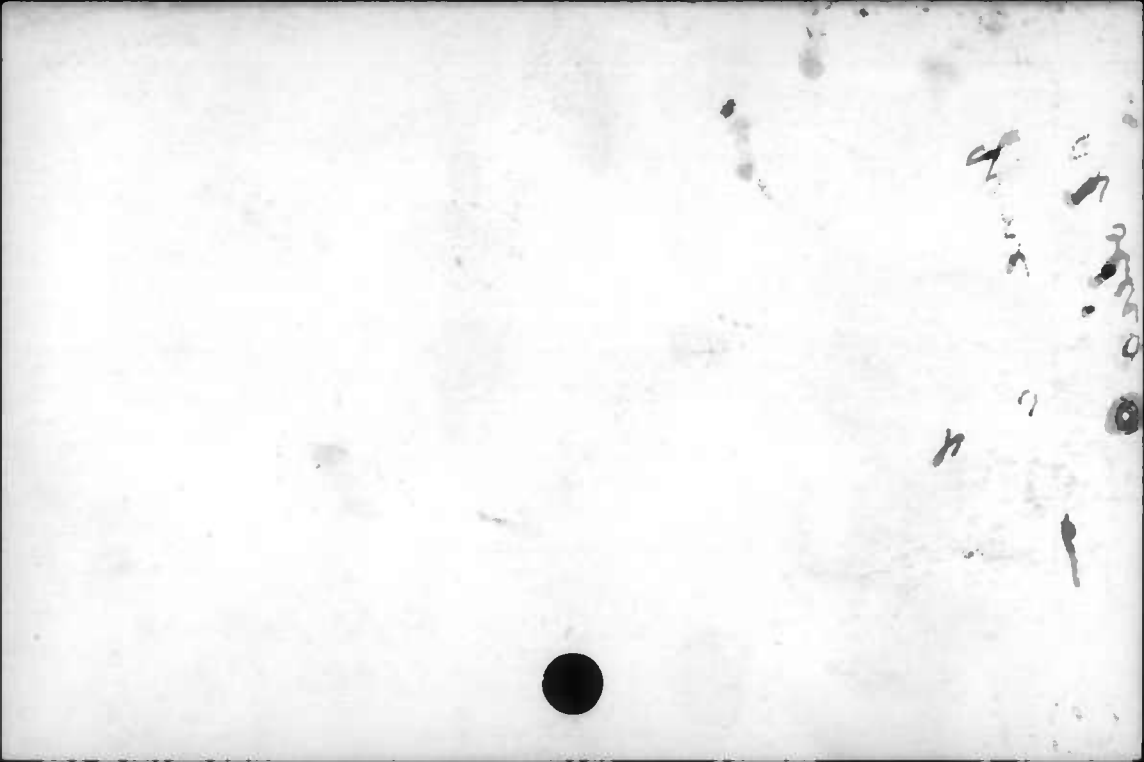
Immediate Heat Stroke How long —

Are the name, age, sex, color, data and place correctly given above? Yes Signature of Physician Maclan Cawood Md

Address West River md Accident or Suicide —

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Ida Jones</i>		Town <i>Tracy's Landing</i>		County <i>Anne Arundel</i>		MARYLAND	
Died at <i>Tracy's Landing</i>		Month <i>June</i>		Day <i>21</i>		Year <i>0</i>	
Date of death <i>1909 June 21</i>		Age <i>0</i>		Months <i>1</i>		Days <i>1</i>	
Sex <i>Female</i>		Color or Race <i>Bluen</i>		Birth-place <i>Md.</i>			
Occupation _____				Where Residing if not at place of death _____			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband _____					
Father's Name <i>Elsworth Jones</i>		Father's Birthplace <i>Md.</i>					
Mother's Maiden Name <i>Gertrude Holt</i>		Mother's Birthplace <i>Md.</i>					
Name of person giving Information <i>Elsworth Jones</i>		How related to deceased <i>Father</i>					

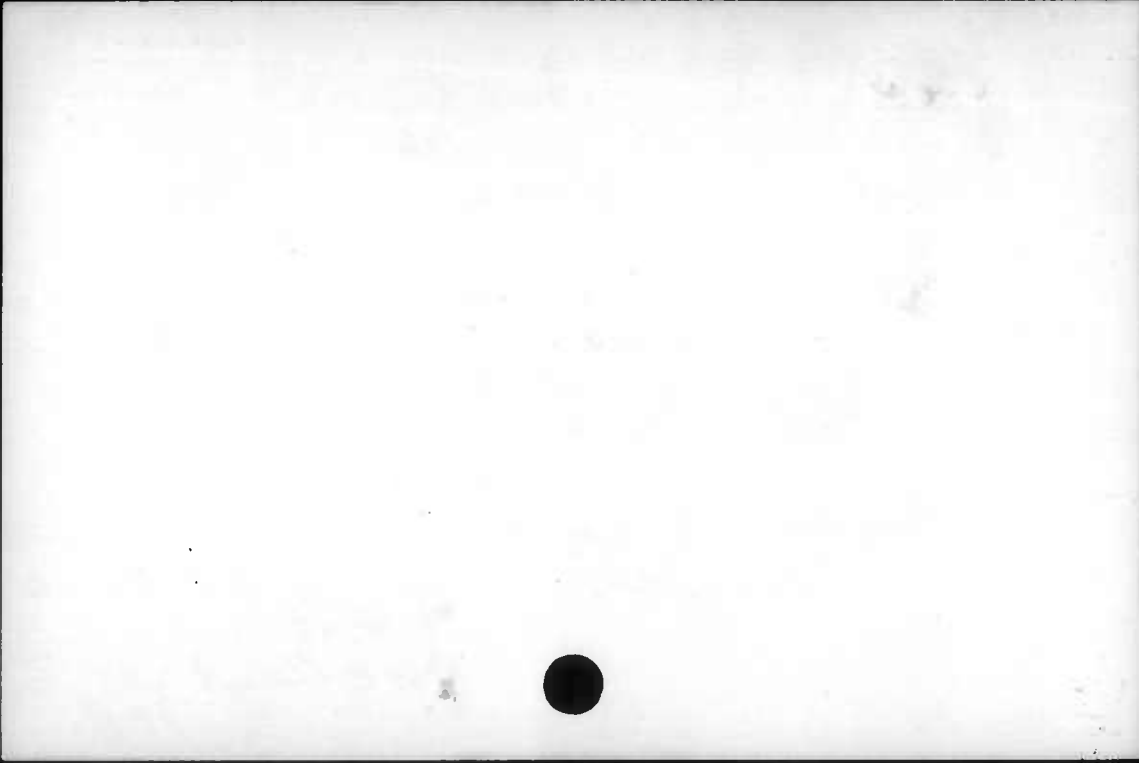
CAUSES OF DEATH

90

✓

PHYSICIAN
OR CORONER

Primary <i>Bronchitis</i>	How long <i>1 week</i>
Immediate _____	How long _____
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>A. H. Bernie</i>
	Address <i>McKendree, Md.</i>
Accident or Suicide <i>/</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Mary Lane* Town *McKendree* County *Anne Arundel* MARYLAND

Died at *McKendree* Date of death *1909* Month *June* Day *17* Age *40* Years Months Days

Sex *Female* Color or Race *Black* Birth-place *Md.*

Occupation *Housewife* Where Residing if not at place of death *—*

Married, Single or Widowed *Married* Name of Wife or Husband *John Lane*

Father's Name *Charles Creek* Father's Birthplace *Md.*

Mother's Maiden Name *Mary Jane Creek* Mother's Birthplace *Md.*

Name of person giving Information *John Lane* How related to deceased *Husband.*

CAUSES OF DEATH

120 ✓

PHYSICIAN
OF CORONER

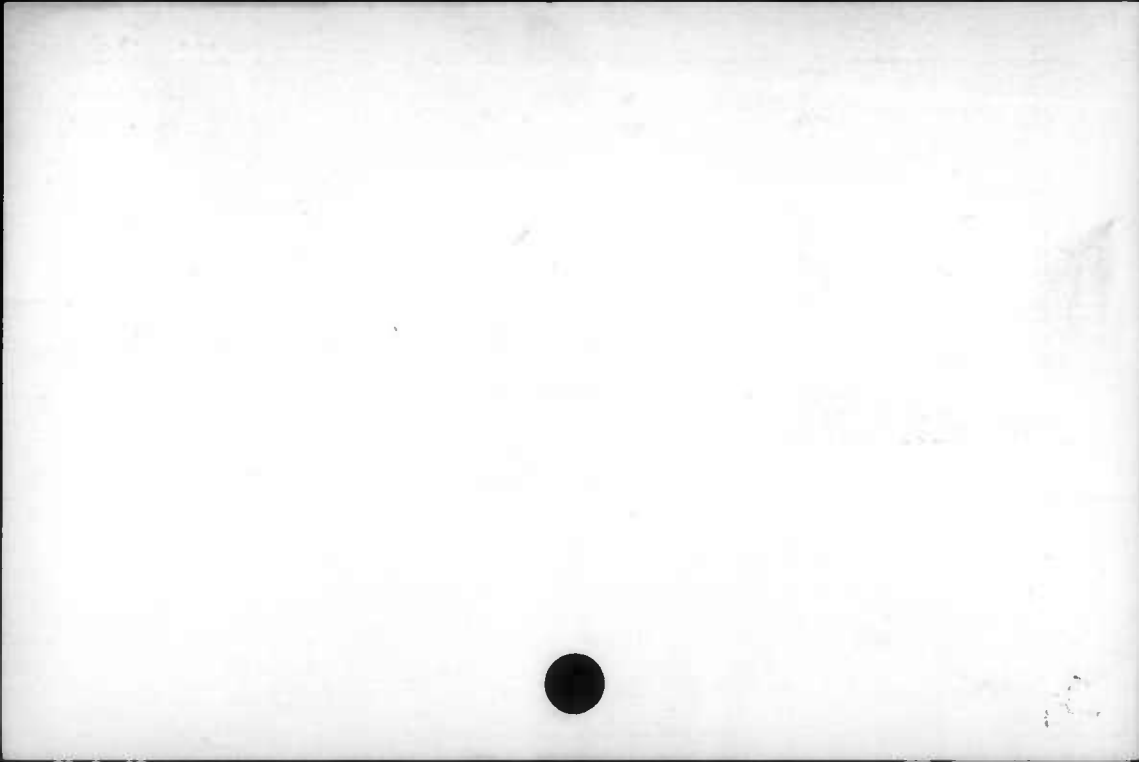
Primary *Bright's disease* How long *Several months*

Immediate *Convulsions* How long *24 hours*

Are the name, age, sex, color, date and place correctly given above? ☒

Signature of Physician *A. H. Perrie* Address *McKendree Md.*

Accident or Suicide ☐



Name
in
Full

Mary Catherine Lee

CERTIFICATE OF DEATH

Town

County

Died at

South River

Anne Arundel

MARYLAND

Date

Month

Day

Years

Months

Days

of death

1909

June

7th

Age

29

4

12

Sex

Female

Color or
Race

White

Birth-
place

South River

Occupation

Housewife

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
Husband

Roland Fletcher Lee

Father's
Name

Richard S. Lee

Father's
Birthplace

Anne Arundel Co.

Mother's
Maiden Name

Alice Ball

Mother's
Birthplace

Baltimore

Name of person giving
Information

Richard Ball

How related
to deceased

Father

CAUSES OF DEATH

119

✓

Primary

Uremic poison

Immediate

Convulsions

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

John Collinson
South River Md.

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

1



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Martin R. Leibig

Town,

County

Died at *Warrsville*

MARYLAND

Date

Month

Day

Years

Months

Days

of death *1909 June 14*

Age

Sex

Color or
RaceBirth-
place

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
In formationHow related
to deceased

CAUSES OF DEATH

103

✓

PHYSICIAN
OR CORONER

Primary

How long

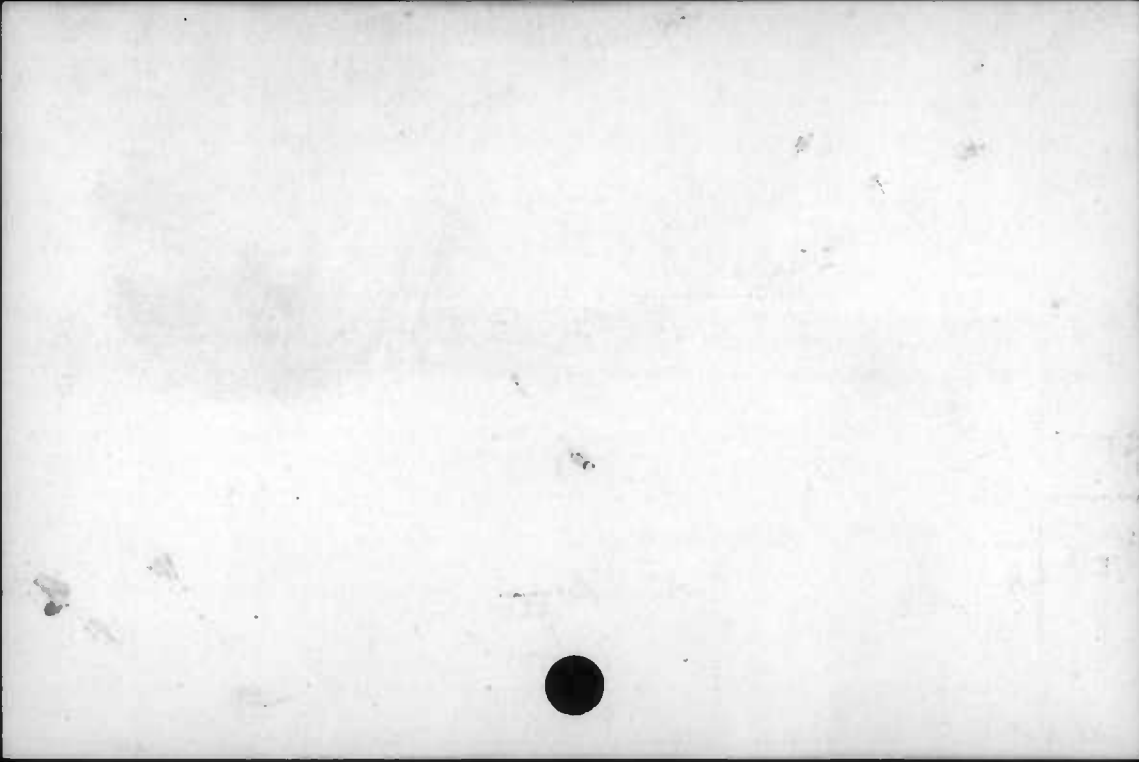
Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

Accident or Suicide?



Name
in
Full

Thomas Lignoski

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Harman

Town

Annr Anudel

County

MARYLAND

Date

of death

1904

Month

6

Day

6

Age

Years

68

Months

Days

Sex

Male

Color or
Rece

White

Birth-
place

Prussia

Occupation

Berry picker

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
Husband

Annie Bowski

Father's
Name

Joseph Lignoski

Father's
Birthplace

Prussia

Mother's
Maiden Name

Mary

Mother's
Birthplace

Prussia

Name of person giving
Information

Annie Bowski

How related
to deceased

Wife

CAUSES OF DEATH

Primary

Probably Angina Pectoris -

How long

80

Immediate

Heart failure

How long

20 minutes

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Thos. P. Benson M.D.

Address

Hanover Md

Accident or Suicide

PHYSICIAN
OR
CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Sor Baltimore</i>		<i>SA</i> County		MARYLAND	
Date of death <i>1904 June</i>	Month <i>June</i>	Day <i>16</i>	Age <i>16</i>	Years <i>16</i>	Months <i>5</i>
Sex <i>Male</i>	Color or Race <i>white</i>	Birth-place <i>MD</i>			
Occupation <i>-</i>		Where Residing if not at place of death <i>-</i>			
Married, Single or Widowed <i>-</i>		Name of Wife or Husband <i>-</i>			
Father's Name <i>Alex Liszynski</i>		Father's Birthplace <i>Russia</i>			
Mother's Maiden Name <i>Maggie Litvichek</i>		Mother's Birthplace <i>Slabunna</i>			
Name of person giving information <i>Alex Liszynski</i>		How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER
1

Primary <i>Cholera Infantum</i>	How long <i>5 days</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Thos. B. Horton</i>
	Address <i>So. 3rd St. Md.</i>
<i>Accident or Suicide?</i>	



Name
in
Full

Thomas Alvin Meads

CERTIFICATE OF DEATH

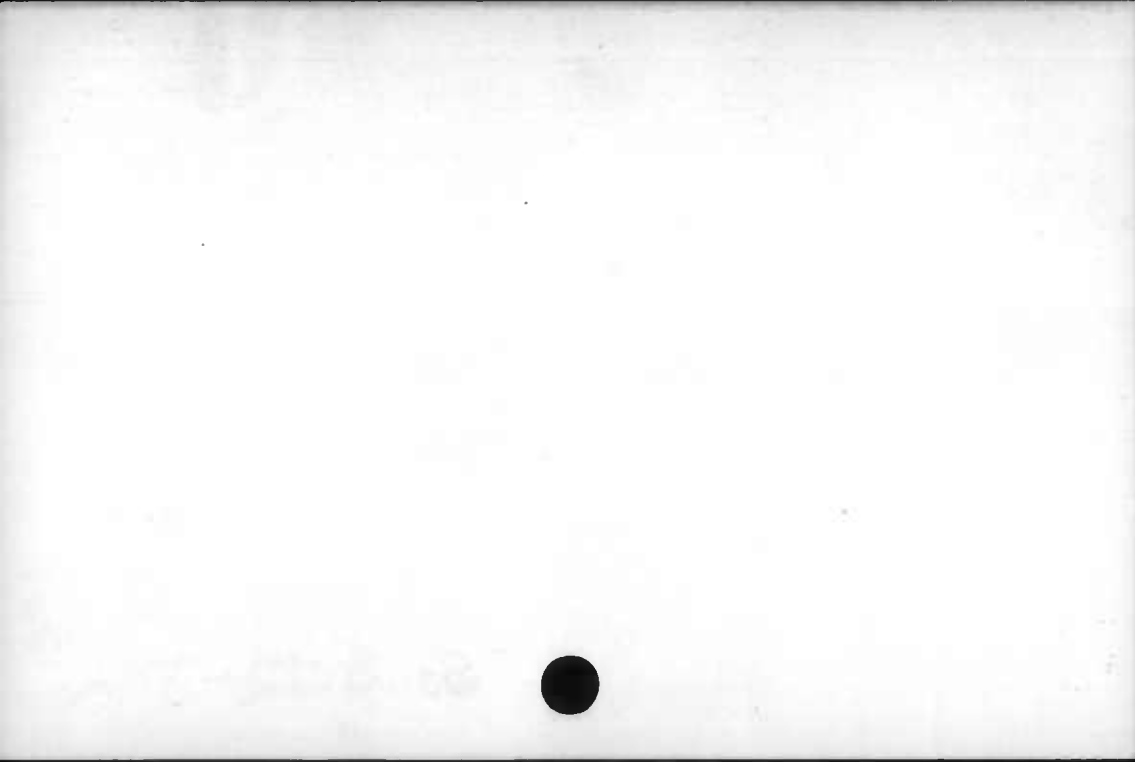
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Nutwell		County Anne Arundel		MARYLAND	
Date of death		Month 9	Day 21	Age 6	Months —	Years —	Days —
Sex Male		Color or Race Black		Birth- place Md.			
Occupation —				Where Residing if not at place of death —			
Married, Single or Widowed		Single		Name of Wife or Huaband —			
Fether's Name		James Meads		Father's Birthplace		Md.	
Mother's Maiden Name		Eliza Wootten		Mother's Birthplace		Md.	
Name of person giving Information		Lewis Meads		How related to deceased		Brother	

CAUSES OF DEATH

48 ✓

PHYSICIAN OR CORONER	Primary	Articular Rheumatism		How long	2 months
	Immediate	—		How long	—
	Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	A. K. Pernie
				Address	McKendree, Md.
Accident or Suicide					



Name
in
Full

Misseslawski Milewski

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

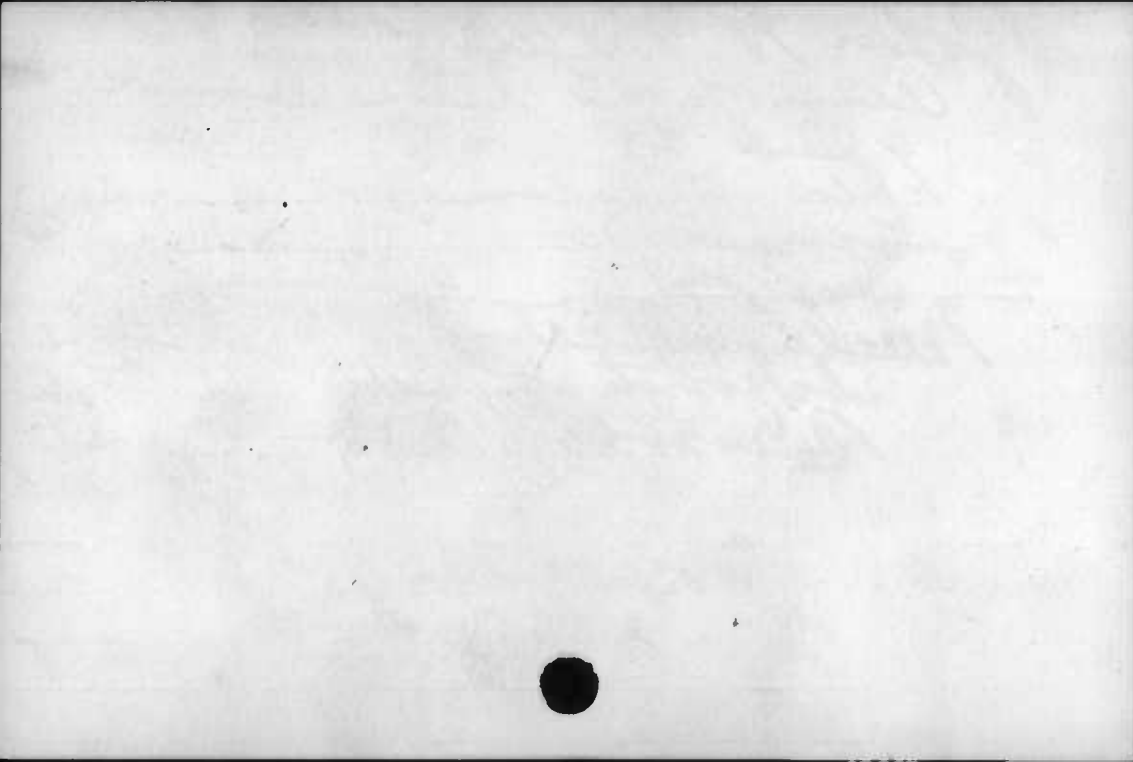
Died at <i>So. Balt.</i>		Town		<i>A A</i>		County		MARYLAND	
Date of death <i>1909 June</i>		Month		Day <i>9</i>		Years <i>✓</i>		Months <i>7</i>	
Sex <i>Male</i>		Color or Race <i>white</i>		Birth-place <i>MD</i>				Days <i>✓</i>	
Occupation <i>✓</i>				Where Residing if not at place of death <i>✓</i>					
Married, Single or Widowed <i>✓</i>				Name of Wife or Husband <i>✓</i>					
Father's Name <i>Mike Milewski</i>				Father's Birthplace <i>Russia</i>					
Mother's Maiden Name <i>Francis Ratajczyk</i>				Mother's Birthplace <i>Russia</i>					
Name of person giving information <i>Mike Milewski</i>				How related to deceased <i>Father</i>					

CAUSES OF DEATH

105 ✓

PHYSICIAN
OR
CORONER

Primary <i>Enter Colitis</i>		How long <i>One week.</i>	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Geo. B. Horton M.D.</i>	
		Address <i>50. Balt. - Md</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *John N Miller* Town *Annapolis* County *Anne Arundel* MARYLAND

Died at *Annapolis*

Date of death 190 *9* Month *June* Day *27* Age *27* Years Months Days

Sex *Male* Color or Race *Caucasian* Birth-place *A. A. C. Md*

Occupation *Laborer* Where Residing if not at place of death *Annapolis*

Married Single *Single* Name of Wife or Husband

Father's Name *Wesley Miller* Father's Birthplace *A. A. C. Md*

Mother's Maiden Name *Elizabeth Johnson* Mother's Birthplace *A. A. C. Md*

Name of person giving Information *Marshall Hanson* How related to deceased *Aunt*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

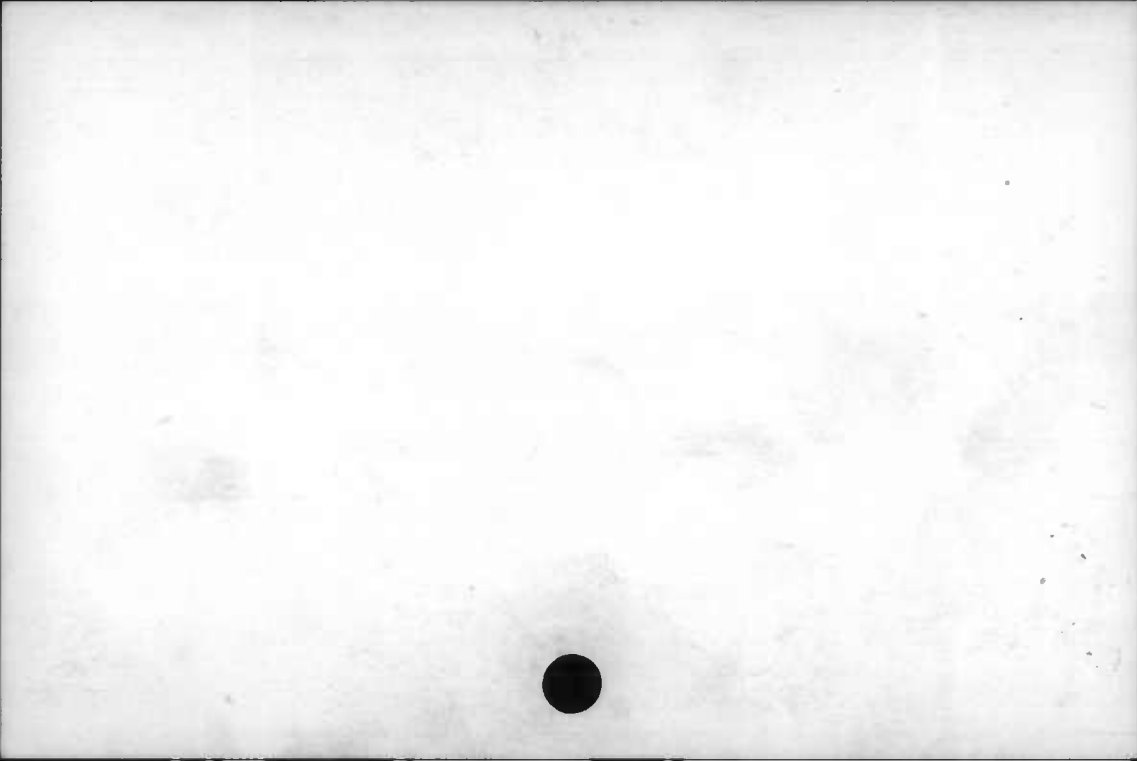
Primary *Railway accident* *166* How long *24 hrs*

Immediate *Shock* How long

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *Wm S. Weld* Address *Annapolis*

Accident or Suicide *accident*



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

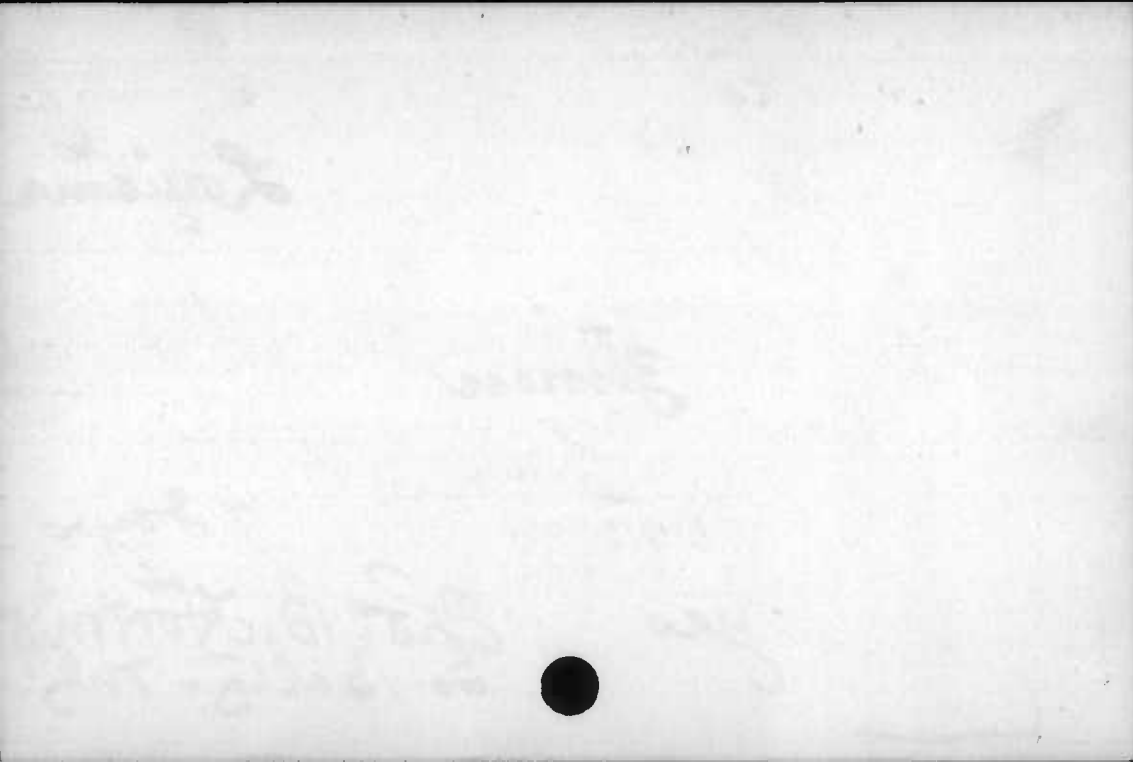
Died at <i>South Balto</i> Town		<i>Anne Arundel</i> County		MARYLAND	
Date of death	1909	Month	June	Day	23
Age	23	Years	23	Months	2
Sex	Male	Color or Race	White	Birth-place	Bohemia
Occupation	Cabinetmaker	Where Residing if not at place of death	South Balto A A C		
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	Anton Mimschans	Father's Birthplace	Bohemia		
Mother's Maiden Name	Elizabeth Mersel	Mother's Birthplace	Bohemia		
Name of person giving information	Clara Mimschans	How related to deceased	Sister		

CAUSES OF DEATH

172 ✓

PHYSICIAN
OR CORONER

Primary		How long	
Immediate	Accidental Drowning	How long	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	John E Potee, Coroner
		Address	Brooklyn
Accident or Suicide?	Accident		A A C Md



Name
in
Full

John Musin

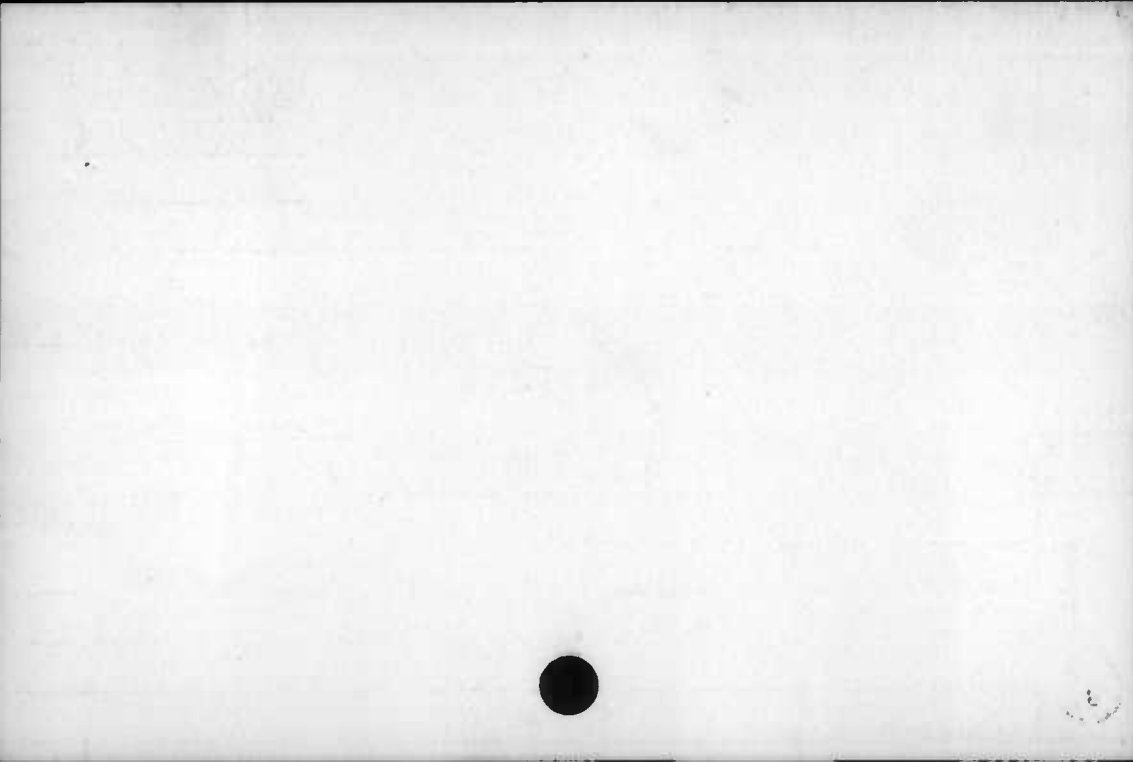
CERTIFICATE OF DEATH

Died at <i>So. Ba.</i> ^{Town}		<i>A. A.</i> ^{County}		MARYLAND	
Date of death	<i>1909</i>	Month <i>June</i>	Day <i>30</i>	Age <i>—</i>	Years <i>—</i>
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>Louisiana</i>	Months <i>4</i>	Days <i>6</i>
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>—</i>			Name of Wife or Husband <i>—</i>		
Father's Name <i>Joseph Musin</i>			Father's Birthplace <i>Austria</i>		
Mother's Maiden Name <i>Katherine Zimon</i>			Mother's Birthplace <i>—</i>		
Name of person giving information <i>Joseph Musin</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

Primary <i>Cholera infantum</i>	How long <i>7 days</i>
Immediate <i>yes</i>	How long <i>3 1/2</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Geo. B. Horton</i>
	Address <i>So. Ba. - Md.</i>
Accident or Suicide? <i>—</i>	

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

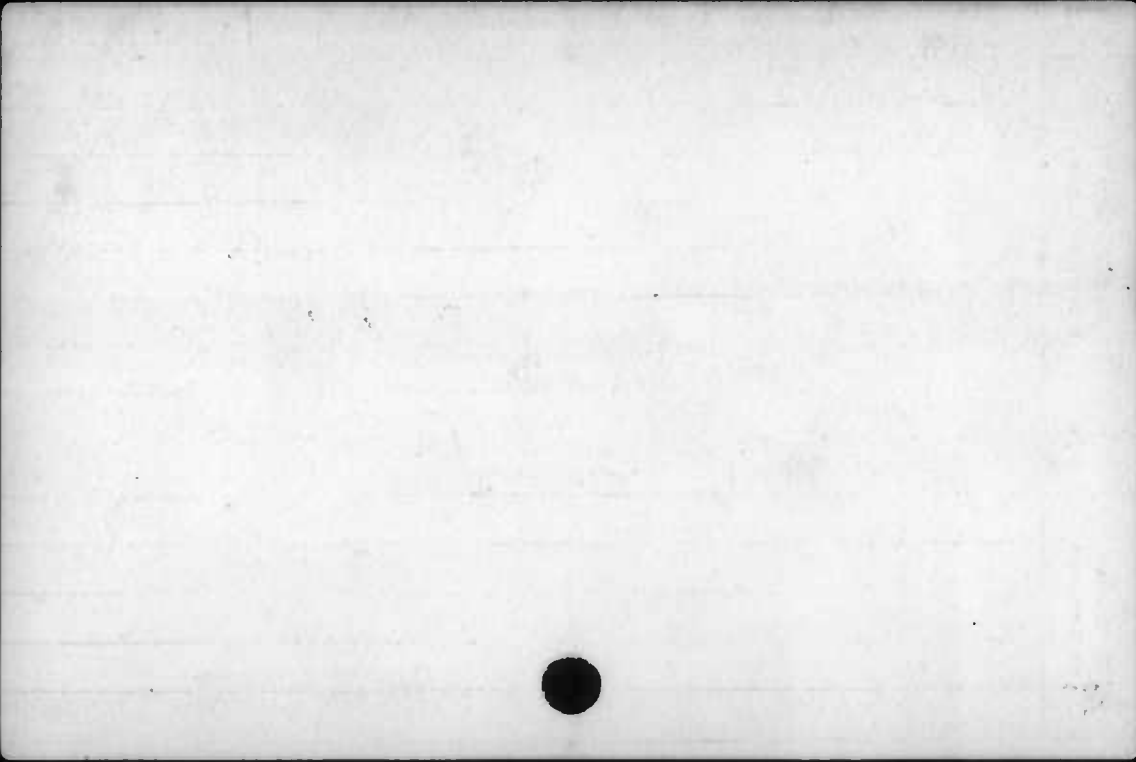
Name in Full <i>Annie Neal</i>		Town <i>East Brooklyn</i>		County <i>Anne Arundel</i>		State <i>MARYLAND</i>	
Died at <i>East Brooklyn</i>		Date of death <i>1909</i>		Age <i>5</i>		Months <i>1</i>	
Month <i>June</i>		Day <i>5</i>		Years		Days	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>East Brooklyn</i>			
Occupation		Where Residing if not at place of death <i>East Brooklyn</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Wm Neal</i>				Father's Birthplace <i>Balto Md</i>			
Mother's Maiden Name <i>Addie Pearce</i>				Mother's Birthplace <i>" "</i>			
Name of person giving information <i>Addie Neal</i>				How related to deceased <i>Mother</i>			

CAUSES OF DEATH

151 ✓

PHYSICIAN
OR CORONER

Primary		How long	
Immediate <i>Premature birth</i>		<i>5 minutes</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>John Potter Coroner</i>	
		Address <i>Brooklyn & Co Md</i>	
Accident or Suicide?			



Name
in
Full

Emily Parker

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

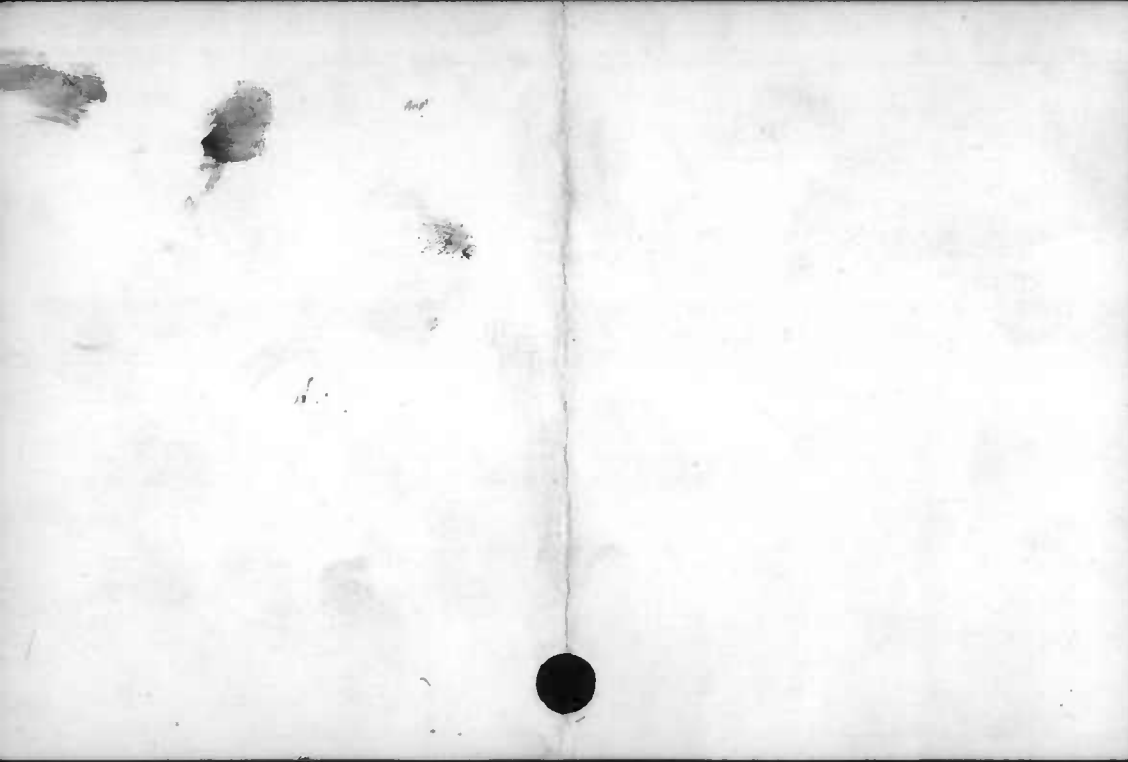
Died at <u>Hawwood</u> ^{Town}		<u>a</u> ^{County}		<u>a</u> ^{MARYLAND}	
Date of death <u>1909 June 21</u>		Age <u>75</u>		Months <u>—</u> Days <u>—</u>	
Sex <u>Female</u>		Color or Race <u>Color</u>		Birth-place <u>Md</u>	
Occupation <u>Housewife</u>		Where Residing if not at place of death			
Married, Single or Widowed <u>married</u>		Name of Wife or Husband <u>Lizzie Parker</u>			
Father's Name <u>David Sellman</u>		Father's Birthplace <u>Md</u>			
Mother's Maiden Name <u>Emily Updegraff</u>		Mother's Birthplace <u>unknown</u>			
Name of person giving Information <u>Fritz C. Sellman</u>		How related to deceased <u>Son</u>			

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary <u>unknown</u>		How long <u>unknown</u>	
Immediate <u>old age</u>		How long	
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>Wm. H. Tallard Sub Pres</u>	
Accident or Suicide <u>no</u>		Address <u>West Park me.</u>	



Name
in
Full

CERTIFICATE OF DEATH

James H. Parker

Town

County

MARYLAND

Died at

Annapolis

Anne Arundel

Date

of death 190 9 June

Month

Day

15

Age

Years

Months

Days

5

Sex

Male

Color or
Race

Colored

Birth-
place

Annapolis Md

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Single

Name of Wife or
Husband

Father's
Name

John H. Parker

Father's
Birthplace

Annapolis Md

Mother's
Maiden Name

Sarah. Jenkins

Mother's
Birthplace

Annapolis Md

Name of person giving
Information

John. H. Parker

How related
to deceased

Father

CAUSES OF DEATH

72

Primary

Trismus Nascentum Two days

Immediate

Exhaustion

Are the name, age, sex, color, data
and place correctly given above?

Yes

Signature of
Physician

Address

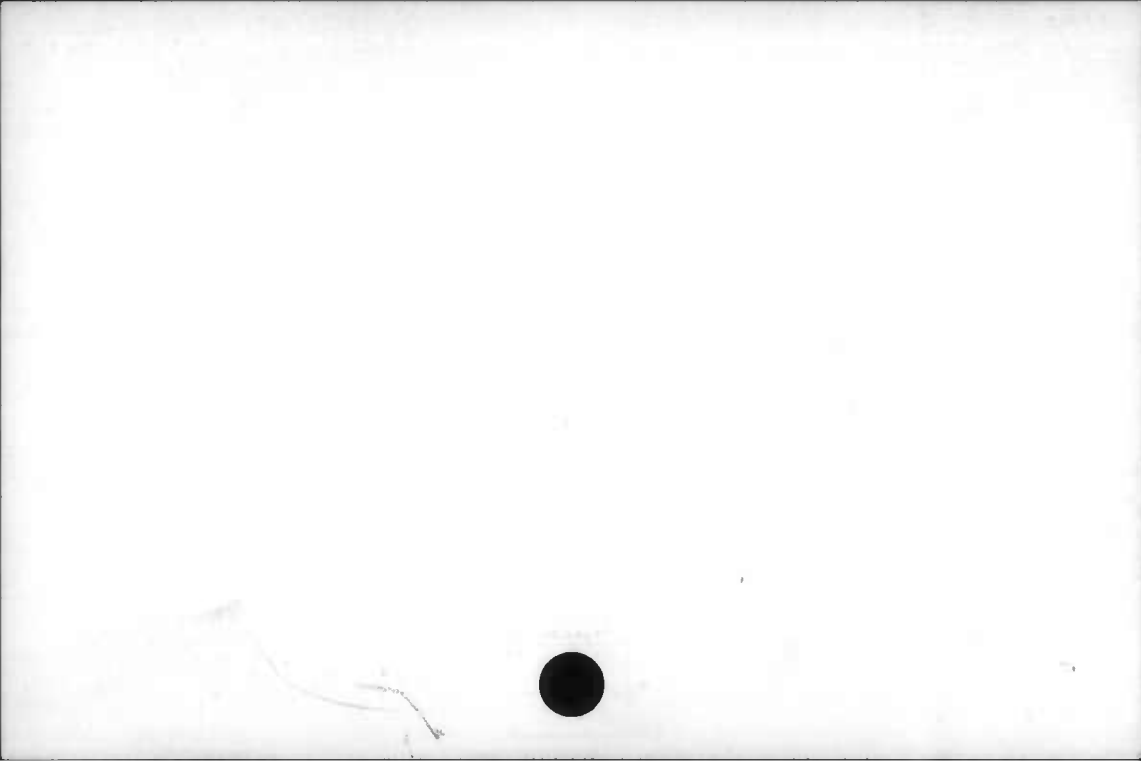
John Ridout
Annapolis Md

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER





Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Joseph Parkinson*
Died at *Annapolis* Town *Anne Arundel* County

MARYLAND

Date of death *1909* *June* *20* Age *85*
Month Day Years Months Days

Sex *Male* Color or Race *White*

Birth-place *Annapolis Md*

Occupation *Carpenter* Where Residing if not at place of death

Married, Single or Widowed *Widowed* Name of Wife or Husband

Father's Name *Unknown*

Father's Birthplace

Mother's Maiden Name *Susan Gardner*

Mother's Birthplace *Annapolis Md*

Name of person giving Information *Mentha Beall*

How related to deceased *Daughter*

CAUSES OF DEATH

154 ✓
How long

Primary *Old age*
Immediate *Aschemia*

How long *2 months*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician

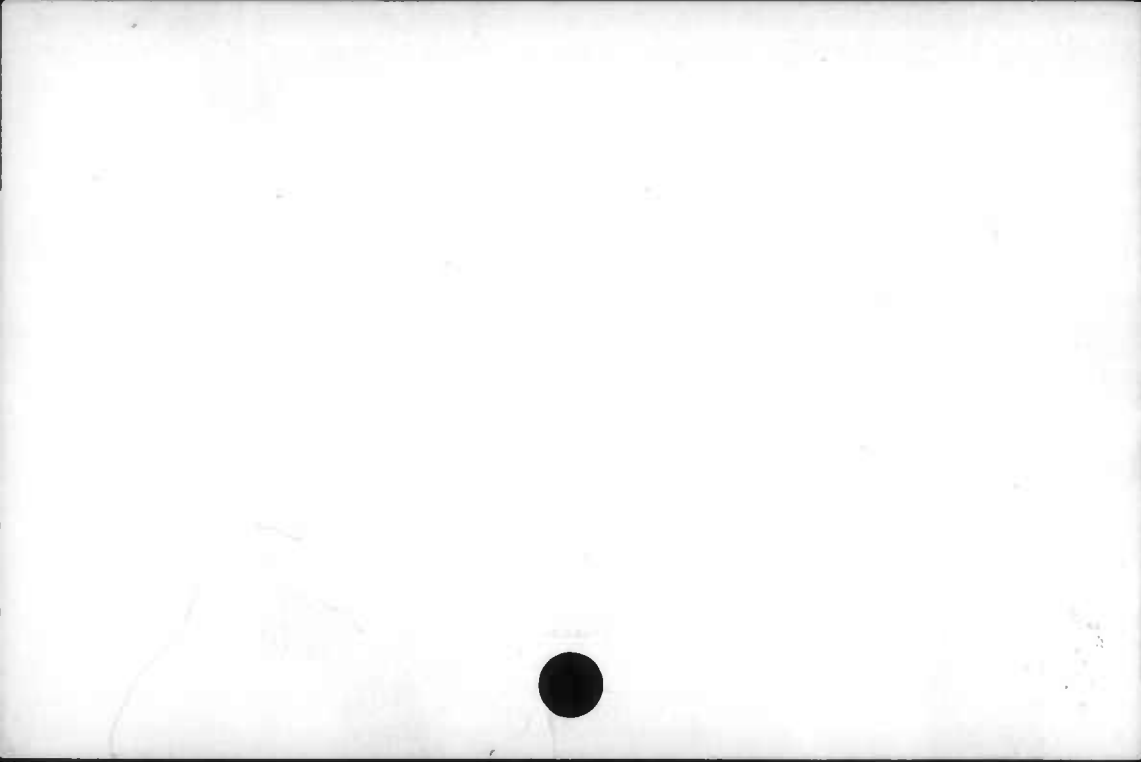
Hms Welch
Annapolis

Address

PHYSICIAN
OR CORONER

1

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

William J. Parkinson

Died at *Annapolis* County *Anne Arundel* MARYLAND

Date of death 1909 *6* Day *2* Age *69* Years *10* Months *10* Days

Sex *Male* Color or Race *White* Birth-place *Annapolis Md*

Occupation *Waterman* Where Residing if not at place of death *—*

Married, Single or Widowed *Widowed* Name of Wife or Husband *—*

Father's Name *James. Parkinson* Father's Birthplace *Annapolis Md*

Mother's Maiden Name *Sarah J. Carroll* Mother's Birthplace *Dorchester Co "*

Name of person giving Information *Sarah C. Breeman* How related to deceased *Sister*

CAUSES OF DEATH

104

How long

Primary

Old age (Gastro-hepatitis)

How long

3 month

Immediate

Gastro Hepatic Torpor

Are the name, age, sex, color, date and place correctly given above?

yes

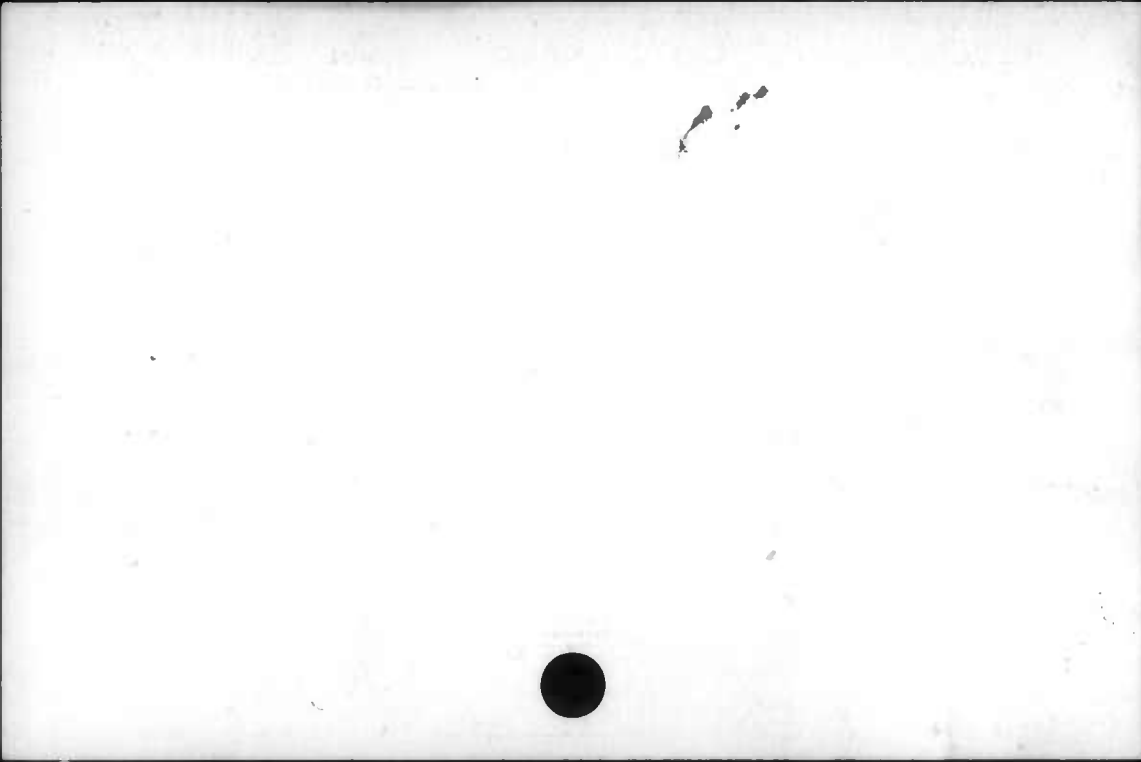
Signature of Physician

Address

Wm S Welch
Annapolis

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

Lucy Powels

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Brooklyn* Town *A A* County

Date of death *1909* Month *June* Day *1* Age *44* Years Months Days

Sex *Female* Color or Race *Colored* Birth-place *Virginia*

Occupation *House Work* Where Residing if not at place of death *Brooklyn*

Married, Single or Widowed *Married* Name of Wife or Husband *Wm Powels*

Father's Name *Robert Moody* Father's Birthplace *Virginia*

Mother's Maiden Name *Martha Spencer* Mother's Birthplace *"*

Name of person giving information *Martha Sales* How related to deceased *Sister*

CAUSES OF DEATH

177 ✓

Primary *Dropsy* How long *unknown*

Immediate *"* How long

Are the name, age, sex, color, date and place correctly given above? *Yes*

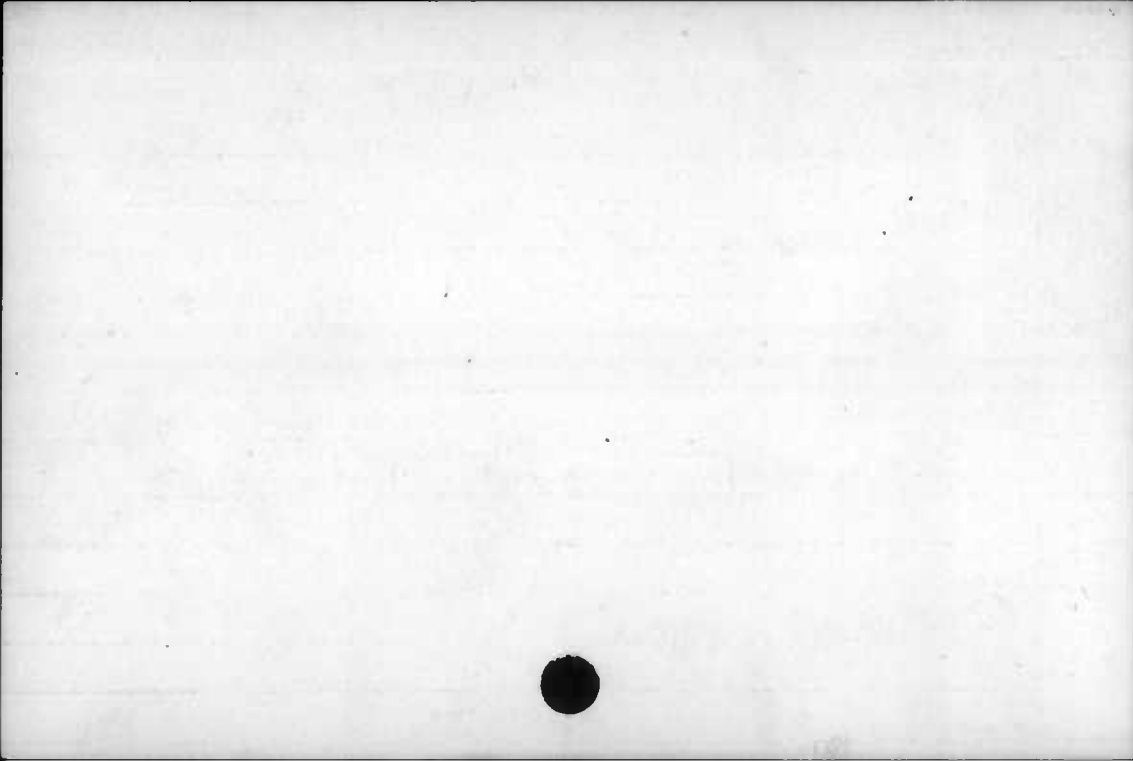
Signature of Physician

Address

John Potter Cor
Brooklyn
A A B Ma

Accident or Suicide?

PHYSICIAN
OR CORONER
1



Name
in
Full

CERTIFICATE OF DEATH

James F. Pratt.

Died at *West River* Town *a* County *a* MARYLAND

Date of death 190*9* *June* Month *14* Day Age *—* Years *2* Months *—* Days

Sex *Male* Color or Race *Color* Birth-place *Ma*

Occupation *—* Where Residing if not at place of death

Married, Single or Widowed *Single* Name of Wife or Husband

Father's Name *James Pratt* Father's Birthplace *Ma*

Mother's Maiden Name *Mary Green* Mother's Birthplace *Ma*

Name of person giving Information *James Pratt* How related to deceased *father*

CAUSES OF DEATH

105

Primary *Improper Feeding* How long *2 Months*

Immediate *Cholera Infantum* How long *One week*

Are the name, age, sex, color, date and place correctly given above? *yes.*

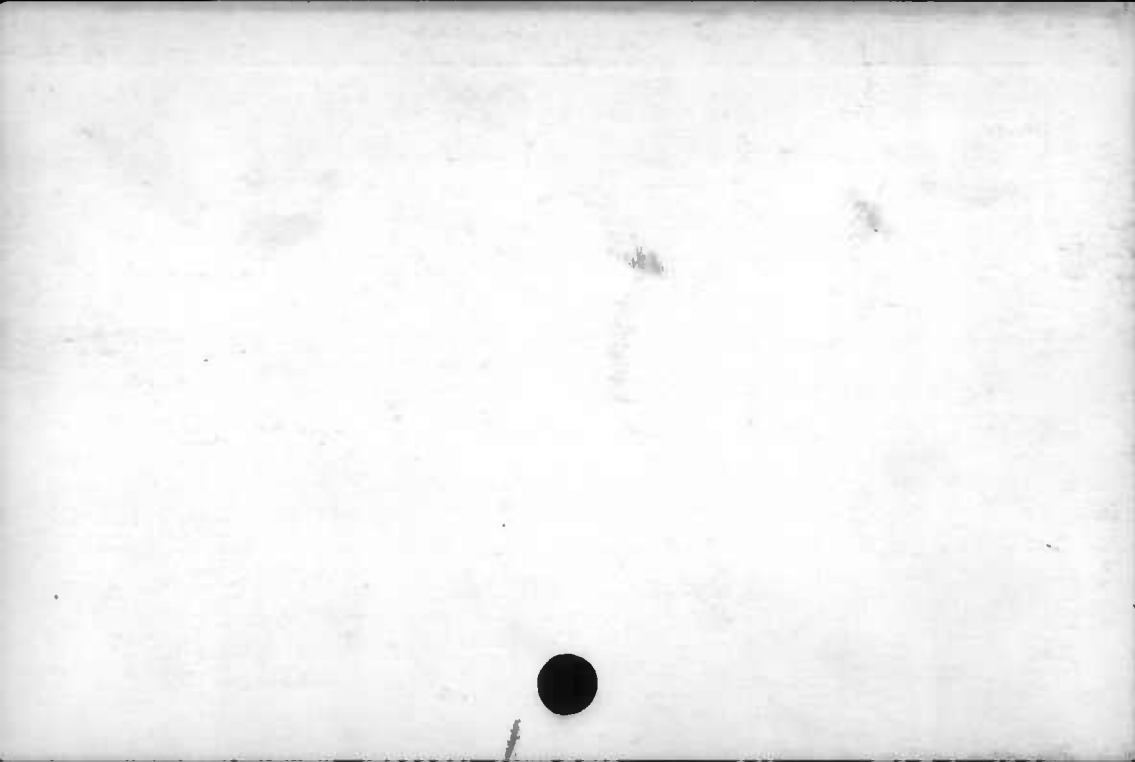
Signature of Physician *Marlan Cawood M.D.*

Address *West River*

Accident or Suicide *Neither*

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Full

MARYLAND

Died at

Date _____

of death

Sex

Occupation

Married, Single
or Widowed

Father's
Name

Mother's
Maiden Name

Name of person giving
Information

Tovn

County

Month

Day

Years

Montha

Deva

Age

Color or Race

Birth-
place

Where Residing if not
at place of death

Name of Wife or
Husband:Fether's
Birthplace

Mother's Birthplace

How related
to deceased

CAUSES OF DEATH

How long

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of
Physician

Address _____

Accident or Suicide

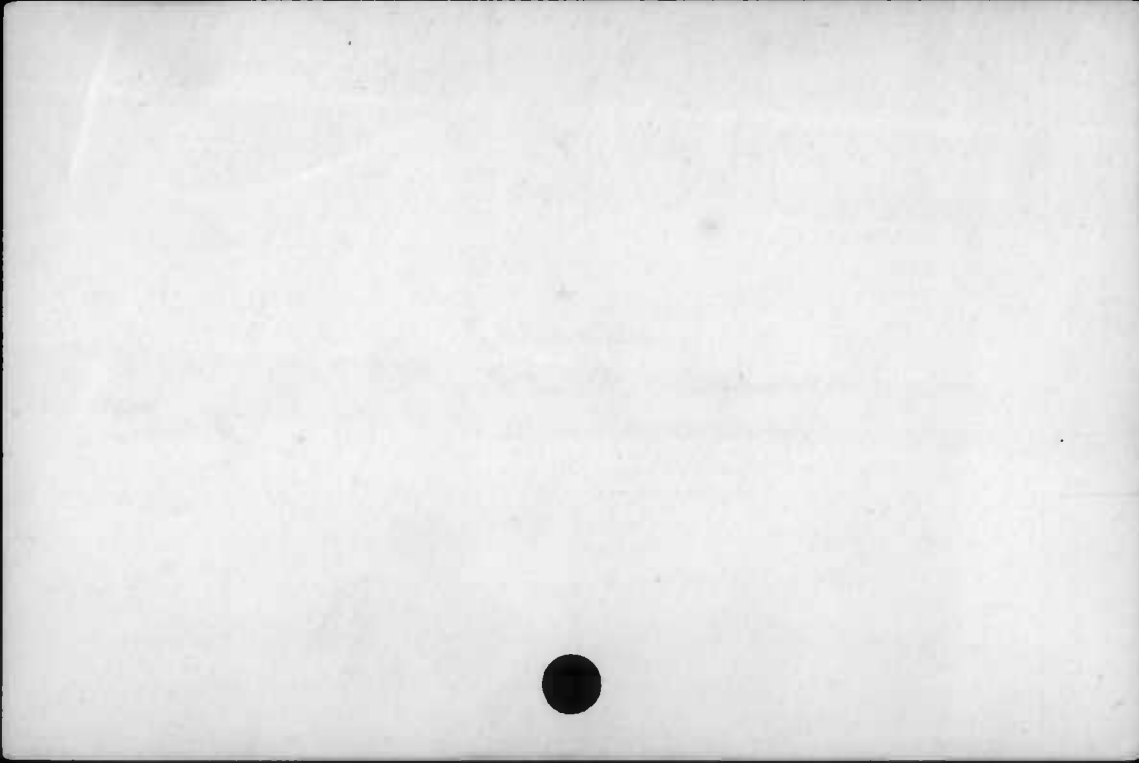
OFFICE SUPPLY CO., 2284

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



CERTIFICATE OF DEATH



Name
in
Full

Franklin Ross

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Marley* Town *Marley* County *aa* **MARYLAND**
Date of death *1909 June 2d* Month *June* Day *2d* Age *4* Years *4* Months *4* Days
Sex *female* Color or Race *African* Birth-place *Marley*
Occupation *—* Where Residing if not at place of death *—*

Married, Single or Widowed *—* Name of Wife or Husband *—*
Father's Name *Garrison Ross* Father's Birthplace *Unknown*
Mother's Maiden Name *Fannie Miller* Mother's Birthplace *Unknown*
Name of person giving Information *Garrison Ross* How related to deceased *father*

CAUSES OF DEATH

Primary *—* How long *61* ✓
Immediate *Meningitis* How long *3 days*

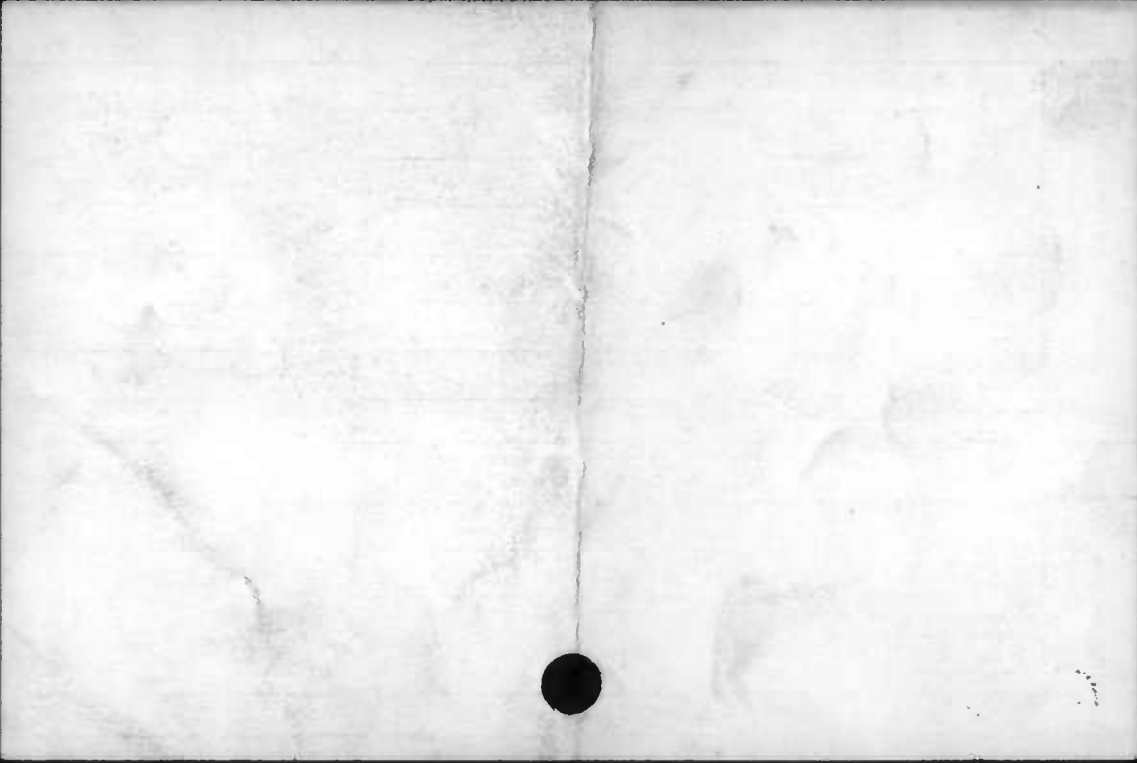
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Thermon H. Bayley
San Luis

Accident or Suicide



Name
in
Full

Schnatz

CERTIFICATE OF DEATH

Town

County

Died at

Brooklyn

MARYLAND

Date

Month

Day

Years

Months

Days

of death 1905

6

20

Age

—

—

12

Sex

Female

Color or
Race

White

Birth-
place

Md

Occupation

None

Where Residing if not
at place of death

—

Married, Single
or Widowed

Single

Name of Wife or
Husband

—

Father's
Name

Michael Schnatz

Father's
Birthplace

King-

Mother's
Maiden Name

Babury Bastian

Mother's
Birthplace

King

Name of person giving
In formation

Michael Schnatz

How related
to deceased

Father

CAUSES OF DEATH

151

✓

Primary

Premature Birth

How long

—

How long

Immediate

Are the name, age, sex, color, date
and place correctly given above?

y -

Signature of
Physician

Charles Brash

Address

Brooklyn Md

Accident or Suicide?

—

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

1



Name

in
Full

New born Child - No Name Sellman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

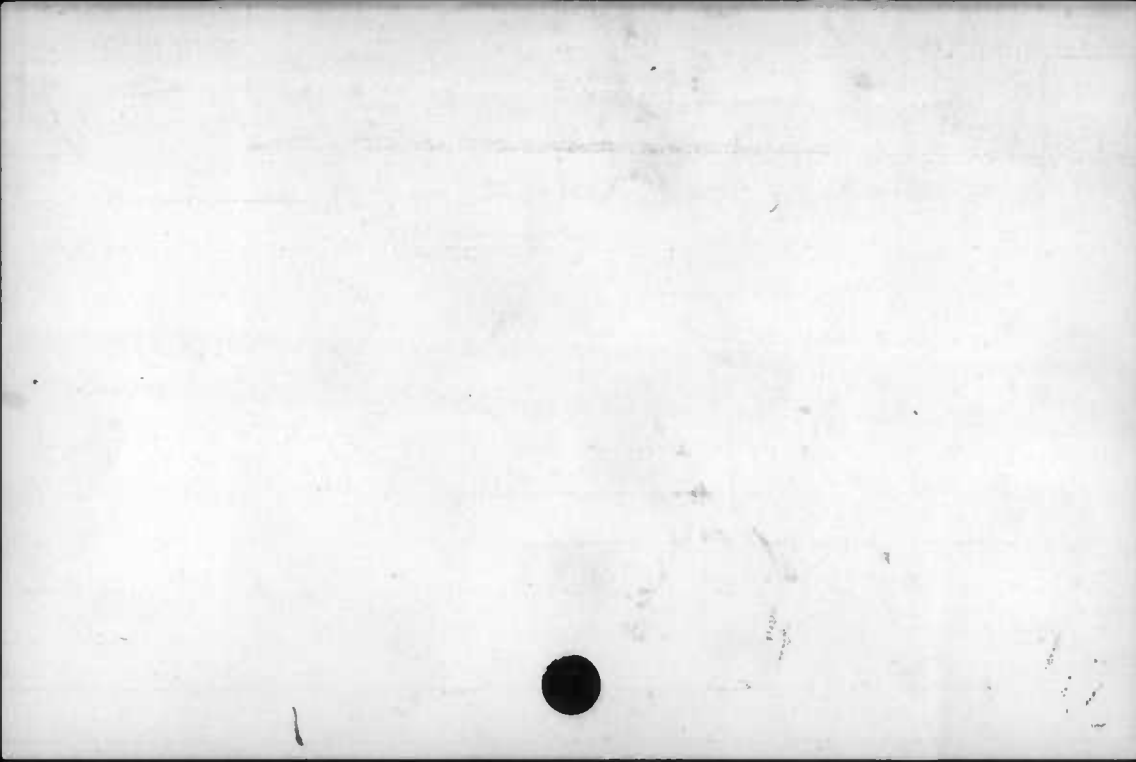
Died at <u>Greenock</u> <small>Town</small>		<u>Anne</u> <small>County</small>		MARYLAND	
Date of death	<u>1909</u> <small>Month</small>	<u>June</u> <small>Day</small>	<u>30</u> <small>Age</small>	<u>Years</u> <small>Months</small>	<u>7</u> <small>Days</small>
Sex	<u>Female</u>		Color or Race	<u>Colored</u>	
Occupation	<u>—</u>		Birth-place	<u>Anne Brundel Co</u>	
Where Residing if not at place of death			<u>—</u>		
Married, Single or Widowed <u>—</u>			Name of Wife or Husband <u>—</u>		
Father's Name <u>Bunnie Sellman</u>			Father's Birthplace <u>Anne Brundel Co</u>		
Mother's Maiden Name <u>Nora Hall</u>			Mother's Birthplace <u>Anne Brundel Co</u>		
Name of person giving information <u>Robert Hall</u>			How related to deceased <u>Grand-father</u>		

CAUSES OF DEATH

71 ✓

PHYSICIAN
OF CORONER

Primary	<u>Not Known</u>	How long	
Immediate	<u>Convulsions</u>	How long	<u>24 hours</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>Wesley Cawood MD</u>	
		Address <u>West River</u>	
		<u>Ind</u>	
Accident or Suicide?			



Name
in
Full

Bertha Selmon

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Harwood* ^{Town} *Anne Arundel* ^{County} **MARYLAND**

Date of death 190 *9* ^{Month} *June* ^{Day} *12* Age *1* ^{Years} *—* ^{Months} *—* ^{Days} *27*

Sex *Female* Color or Race *colored* Birth-place *Harwood*

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed

Name of Wife or Husband

Father's Name

Henry Selmon

Father's Birthplace

Anne Arundel

Mother's Maiden Name

Rosie Parker

Mother's Birthplace

Anne Arundel

Name of person giving Information

Henry Selmon

How related to deceased

Father

CAUSES OF DEATH

105

v

Primary

Diphtheria

How long

14 days

Immediate

yes

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

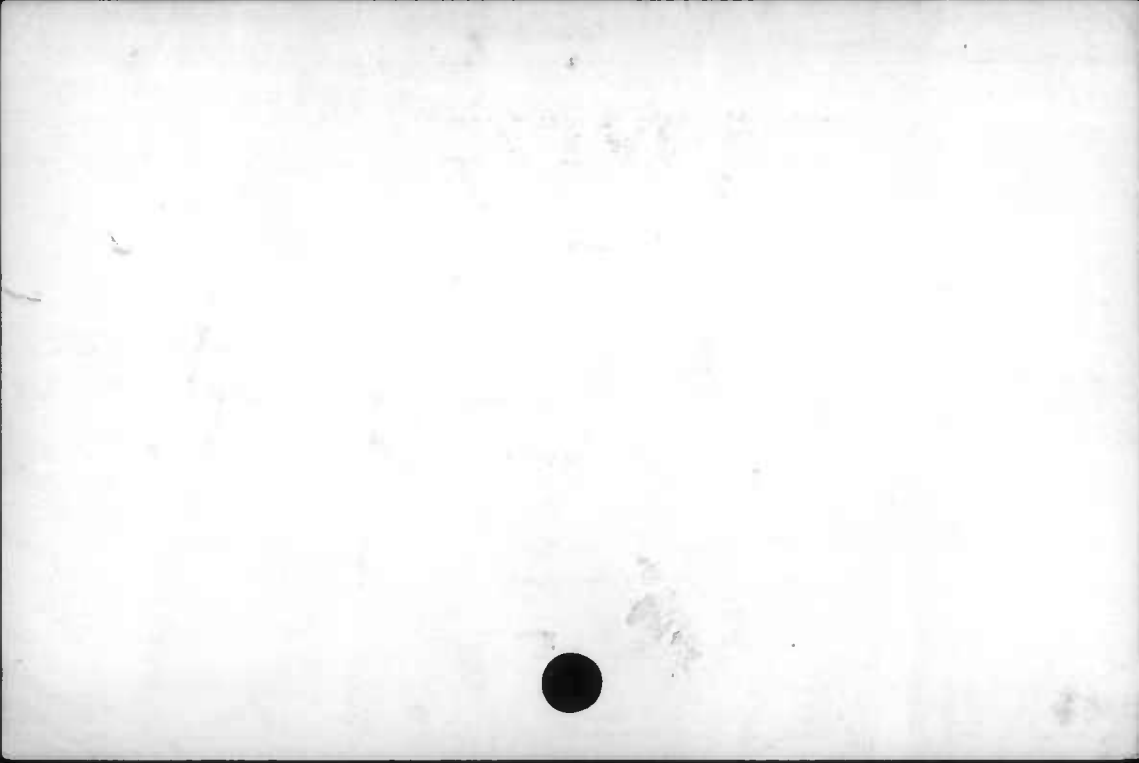
B. B. Davidson

Address

*Davidsonville
Md*

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Still Born Sims
Town County

Died at *Annapolis* *vi* *a* **MARYLAND**

Date of death **1909** *June* **19** **Age** *19* **Years** *1* **Months** *1* **Days** *1*

Sex *Female* Color or Race *Colored* Birth-place *Annapolis*

Occupation *None* Where Residing if not at place of death *None*

Married, Single or Widowed *Single* Name of Wife or Husband *None*

Father's Name *John W. Sims* Father's Birthplace *G. P. La Ma*

Mother's Maiden Name *Mary Whipple* Mother's Birthplace *Delaware*

Name of person giving Information *Louisa Whipple* How related to deceased *Grandmother*

CAUSES OF DEATH

8 ✓
How long

PHYSICIAN
OR CORONER

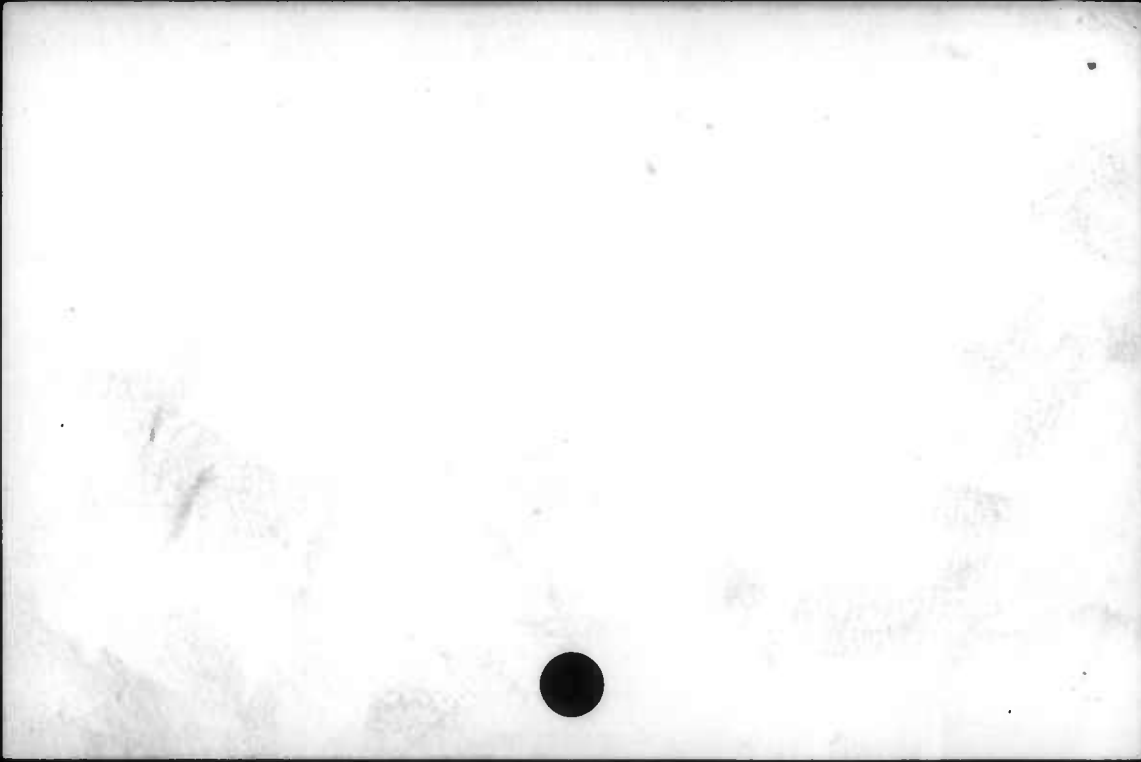
Primary *Still born* How long

Immediate *Still born* How long

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *Ambrose Green M.D.*
Address *126 Bay St
Annapolis Md*

Accident or Suicide *No*



Name
in
Full

CERTIFICATE OF DEATH

Bessie Smothers

Town

County

Died at *West Annapolis C. A. CO*

MARYLAND

Date of death 190 *9* Month *June* Day *29* Age *16 yrs* Months *—* Days *—*

Sex *female* Color or Race *Colored* Birth-place *Annapolis Md*

Occupation *House Girl* Where Residing if not at place of death *Rigley St West Annapolis*

Married, Single or Widowed *Single* Name of Wife or Husband

Father's Name *Unknown* Father's Birthplace *Unknown*

Mother's Maiden Name *Mollie Smothers* Mother's Birthplace *Annapolis Md*

Name of person giving Information *Charles Kimbell* How related to deceased *brother-in-law*

CAUSES OF DEATH

Primary *Mesenteric* How long *6 months*

Immediate *Corditis* How long *one week*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician

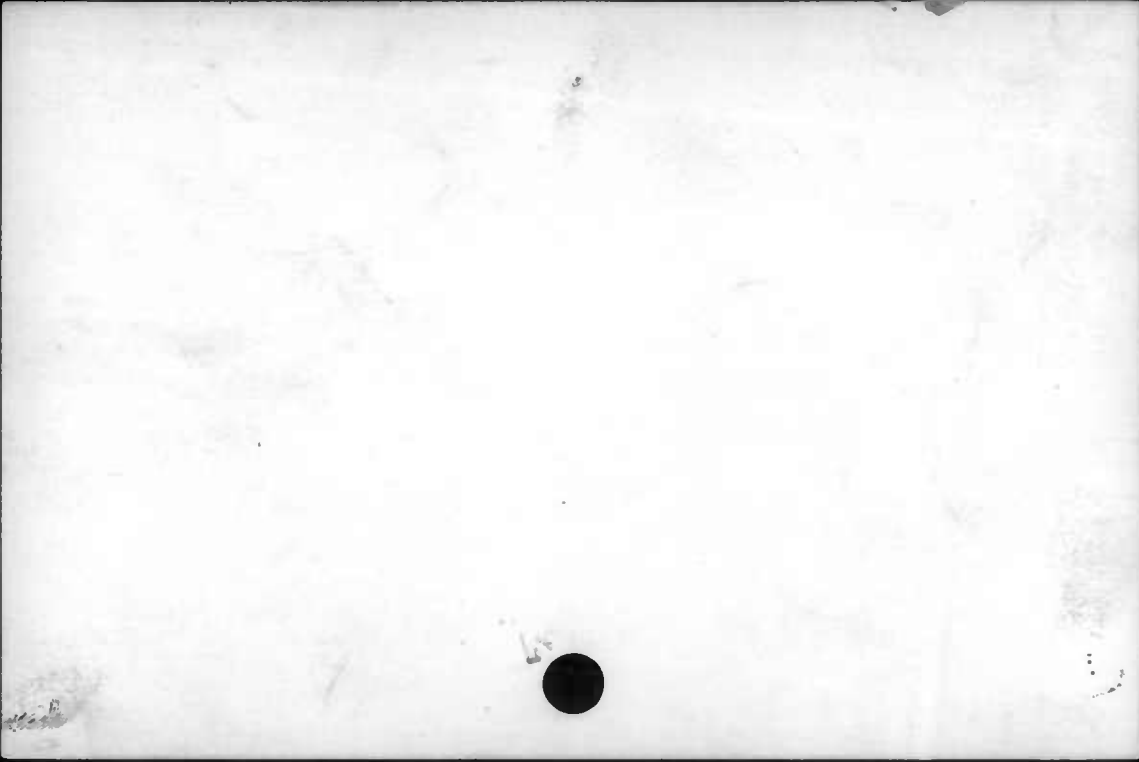
Address

Accident or Suicide *No*

P. D. Hester
600 E. Thebal St
Annapolis

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Emma Smothers

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Annapolis		County a.a.		MARYLAND	
Date of death		Month 1909	Day June 29	Age —	Years —	Months 1	Days 15
Sex Female		Color or Race Colord		Birth-place Annapolis			
Occupation unknown		Where Residing if not at place of death 679. Clay. St.					
Married, Single or Widowed Single		Name of Wife or Husband unknown					
Father's Name James Smothers		Father's Birthplace Annapolis					
Mother's Maiden Name Henriette Bershears		Mother's Birthplace Annapolis					
Name of parson giving Information Henriette Bershears		How related to deceased Mother					

Birneyhill

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary	Menasmus	How long	Since Birth
Immediate	exhaustion	How long	Gradual
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician John Ridout	
		Address Annapolis Md.	
Accident or Suicida			



Name
in Full

Peter Paul Strychowski

CERTIFICATE OF DEATH

Disd ^{Town} *Wai Stoney* ^{County} *Ben Hur* *Annall* **MARYLAND**

Date of death 190 ^{Month} *9 June* ^{Day} *20* Age ^{Years} *10* ^{Months} *20* ^{Days}

Sex *Male* Color or Race *White* Birth-place *Tacoma Washington*

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed

Name of Wife or Husband

Father's Name

Frank Strychowski

Father's Birthplace

Germany

Mother's Maiden Name

Agnes Balozynski

Mother's Birthplace

Germany

Name of person giving information

Agnes Balozynski

How related to deceased

Mother

CAUSES OF DEATH

105 ✓

Primary

Cholera infantum

How long

7 days

Immediate

congestion of the brain

How long

6 hours

Are the name, age, sex, color, data and place correctly given above?

Yes

Signature of Physician

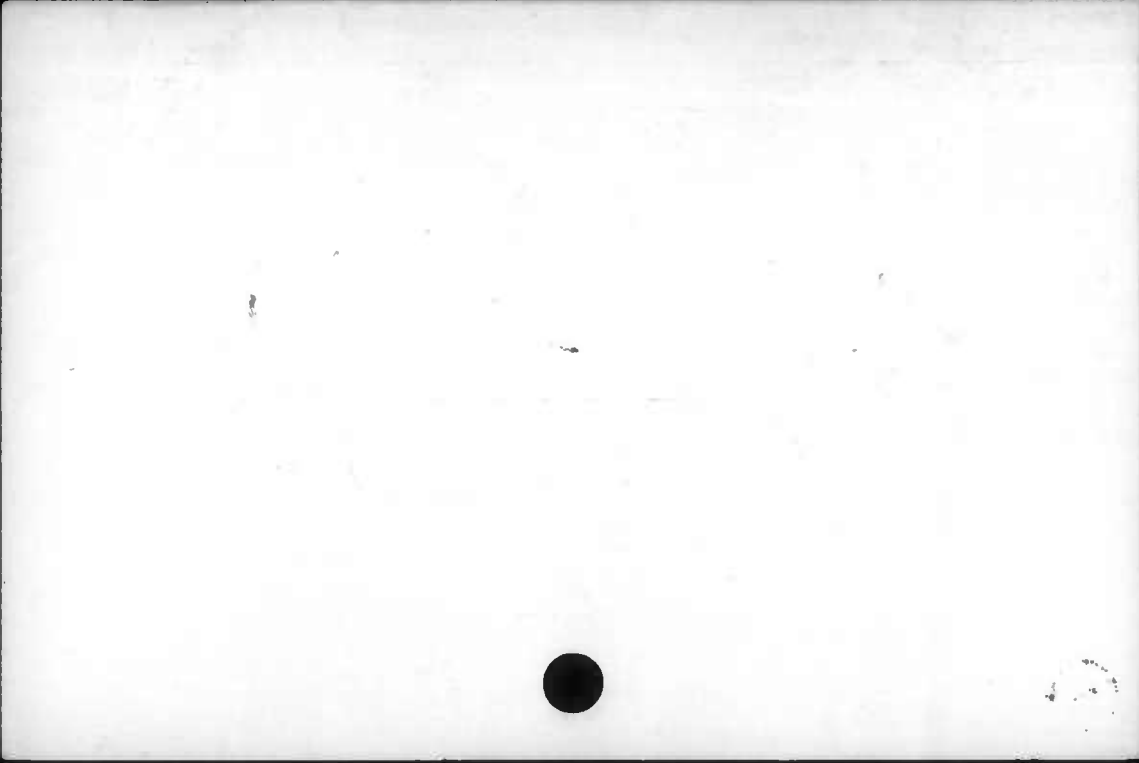
E R Winters

Address

*Hanover
Ma*

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

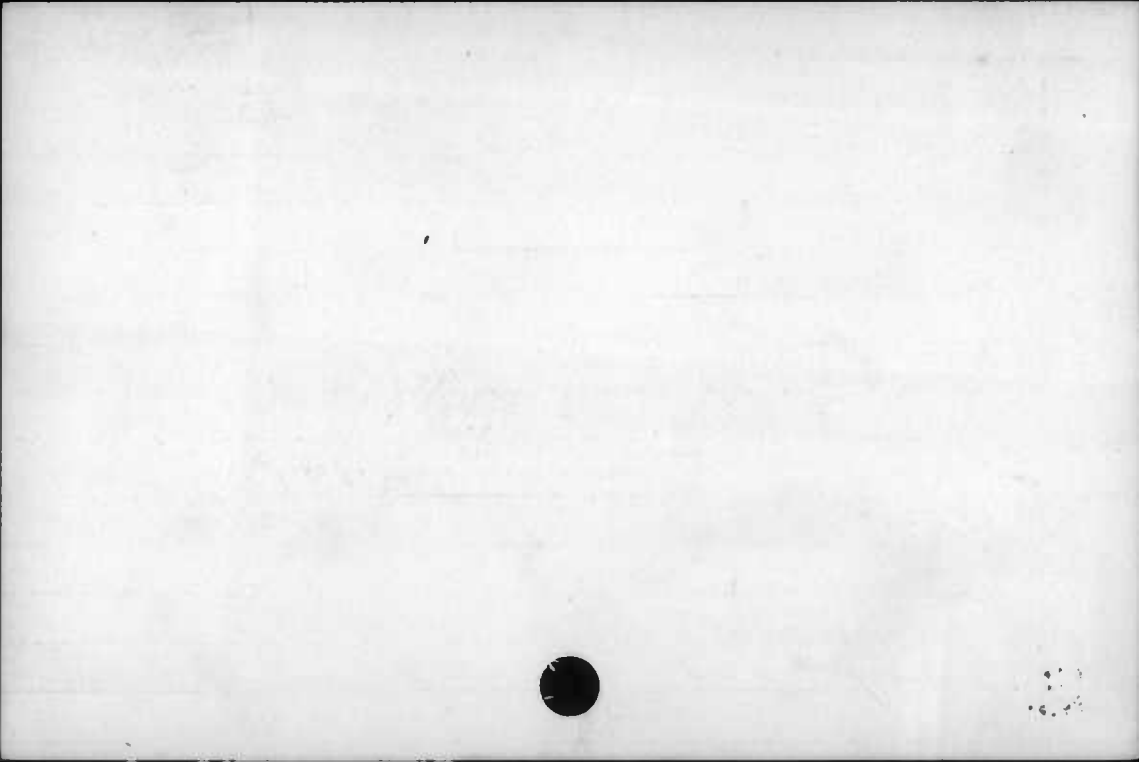
Name in Full <i>Jessie Thomas</i>		Town <i>My Lane</i>		County <i>D.C. Co</i>		MARYLAND	
Died at <i>My Lane</i>		Month <i>June</i>		Day <i>1</i>		Years <i>42</i>	
Date of death <i>1909</i>		Month <i>June</i>		Day <i>1</i>		Months <i>"</i>	
Sex <i>Female</i>		Color or Race <i>Black</i>		Birth-place <i>Ma</i>		Days <i>"</i>	
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>My Lane</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Dan Thomas</i>					
Father's Name <i>Edw. Williams</i>		Father's Birthplace <i>Ma</i>					
Mother's Maiden Name <i>Emma</i>		Mother's Birthplace <i>Ma</i>					
Name of person giving information <i>Dan Thomas</i>		How related to deceased <i>Husband</i>					

CAUSES OF DEATH

104 ✓

PHYSICIAN
OR CORONER

Primary <i>Acute myocardial infarction</i>	How long <i>4 hours</i>
Immediate <i>Heart failure</i>	How long <i>Immediate</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>H. R. [illegible]</i>
	Address <i>[illegible]</i>
Accident or Suicide? <i>No</i>	<i>Ma</i>



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Millsville</i>		Town <i>Amesbury del</i>		County		MARYLAND	
Date of death <i>1909</i>	Month <i>June</i>	Day <i>8</i>	Age	Years	Months	Days	
Sex <i>male</i>	Color or Race <i>colored</i>		Birth-place <i>Maryland</i>				
Occupation, <i>Hostler</i>	Where Residing if not at place of death						
Married, Single or Widowed <i>widowed</i>	Name of Wife or Husband						
Father's Name <i>Chas Thomas</i>	Father's Birthplace <i>Pittsford</i>						
Mother's Maiden Name <i>Georgia Parker</i>	Mother's Birthplace <i>"</i>						
Name of person giving information <i>Chas. Thomas</i>	How related to deceased <i>father</i>						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis {lungs & intestinal}</i>	How long <i>6 mos</i>
Immediate <i>exhaustion</i>	How long <i>-</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>O J M Chenier</i>
	Address <i>O denton</i>
Accident or Suicide?	



Name
in
Full

Angello Tricidello

CERTIFICATE OF DEATH

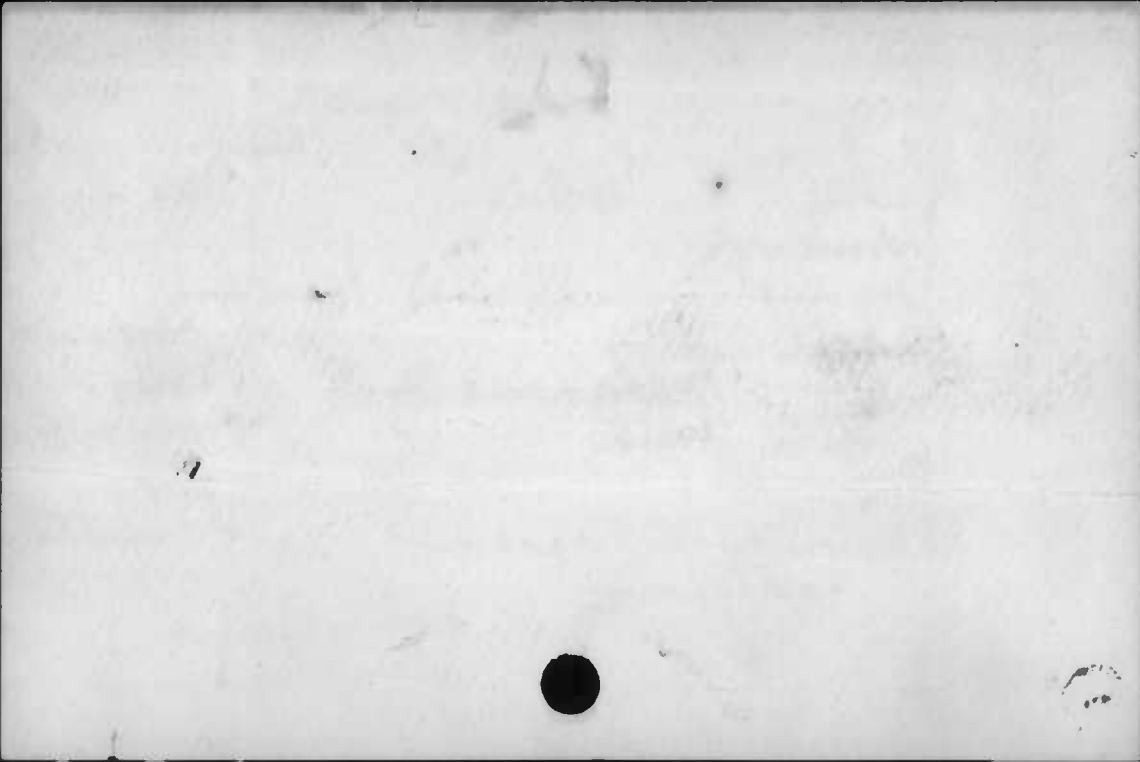
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Terron</u> Town		<u>Anne Anudel</u> County		MARYLAND	
Date of death	<u>1909</u> Year	<u>June</u> Month	<u>30</u> Day	Age	<u>Dont know</u> Years Months Days
Sex	<u>male</u>	Color or Race	<u>Italian</u>	Birth-place	<u>Dont know</u>
Occupation	<u>Laborer</u>	Where Residing if not at place of death			
Married, Single or Widowed	<u>Dont know</u>	Name of Wife or Husband	<u>Dont know</u>		
Father's Name	<u>Dont know</u>			Father's Birthplace	<u>Dont know</u>
Mother's Maiden Name	<u>Dont know</u>			Mother's Birthplace	<u>Dont know</u>
Name of person giving information	<u></u>			How related to deceased	<u>Dont know</u>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>172</u> ✓	How long
Immediate	<u>Drowned</u>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>Thomas H. Mayhew</u>	
	Address <u>Gen Beebe Maryland</u>	
Accident or Suicide?	<u>accidental</u>	



Name
in
Full

Blanche Walton

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1909		June	11	21			
Sex	Female	Color or Race	White	Birthplace	Md.		
Occupation	Housewife			Where Residing if not at place of death			
Married, Single or Widowed	Married			Name of Wife or Husband			
Leonard Walton							
Father's Name	Gabriel Sley			Father's Birthplace			
Md.							
Mother's Maiden Name	Margaret			Mother's Birthplace			
Md.							
Name of person giving Information	Wm. Walton			How related to deceased			
				Brother in law			

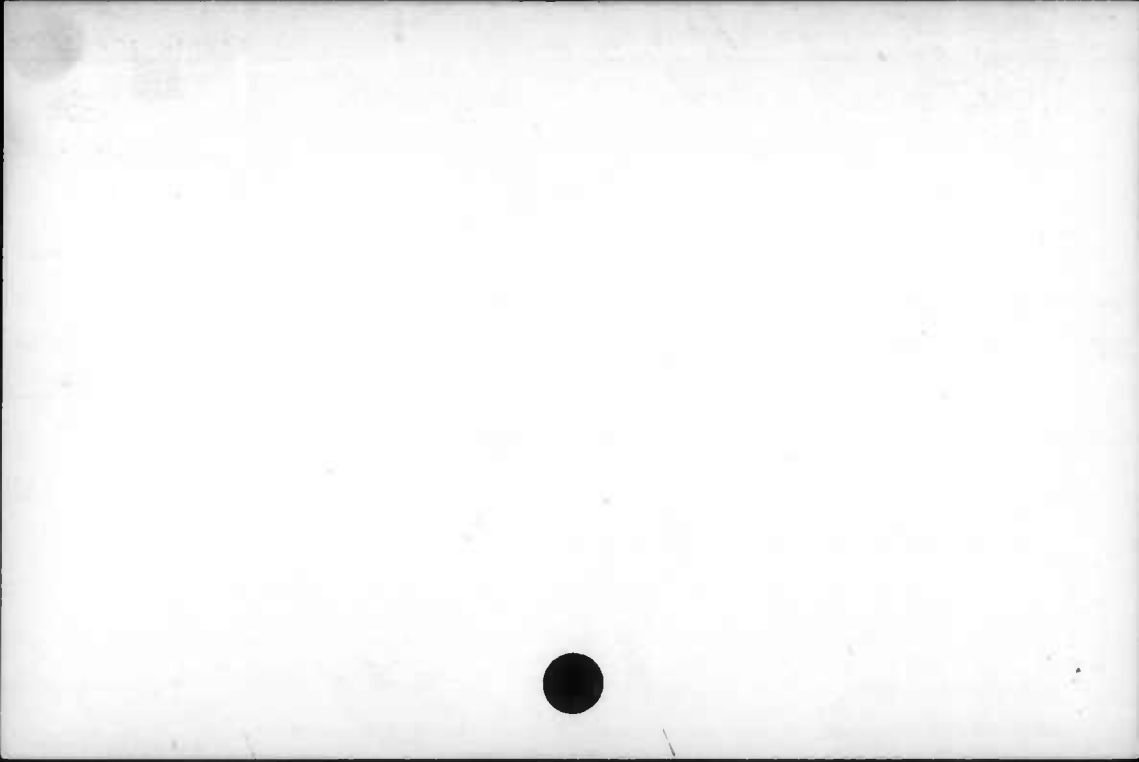
CAUSES OF DEATH

27

V

PHYSICIAN
OR CORONER

Primary	Pulmonary tuberculosis	How long	14 months.
Immediate	Asthenia	How long	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	A. H. Perini
		Address	McKendree Md.
Accident or Suicide			



Name
in
Full

Richard M. Waters

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Davidsonville* ^{Town} *a* ^{County} *a* **MARYLAND**

Date of death 190 *9* ^{Month} *June* ^{Day} *30* Age *69* ^{Years} ^{Months} ^{Days}

Sex *Male* Color or Race *White* Birth-place *Chesterfield*

Occupation *Carpenter* Where Residing if not at place of death *Davidsonville*

Married, Single or Widowed *Widower* Name of Wife or Husband *Virginia*

Father's Name *Chas Waters* Father's Birthplace *Chesterfield*

Mother's Maiden Name *Susan Beard* Mother's Birthplace *"*

Name of person giving Information *Chas. B. Townsend* How related to deceased *Son-in-law*

CAUSES OF DEATH

45

✓

PHYSICIAN
FOR CORNER

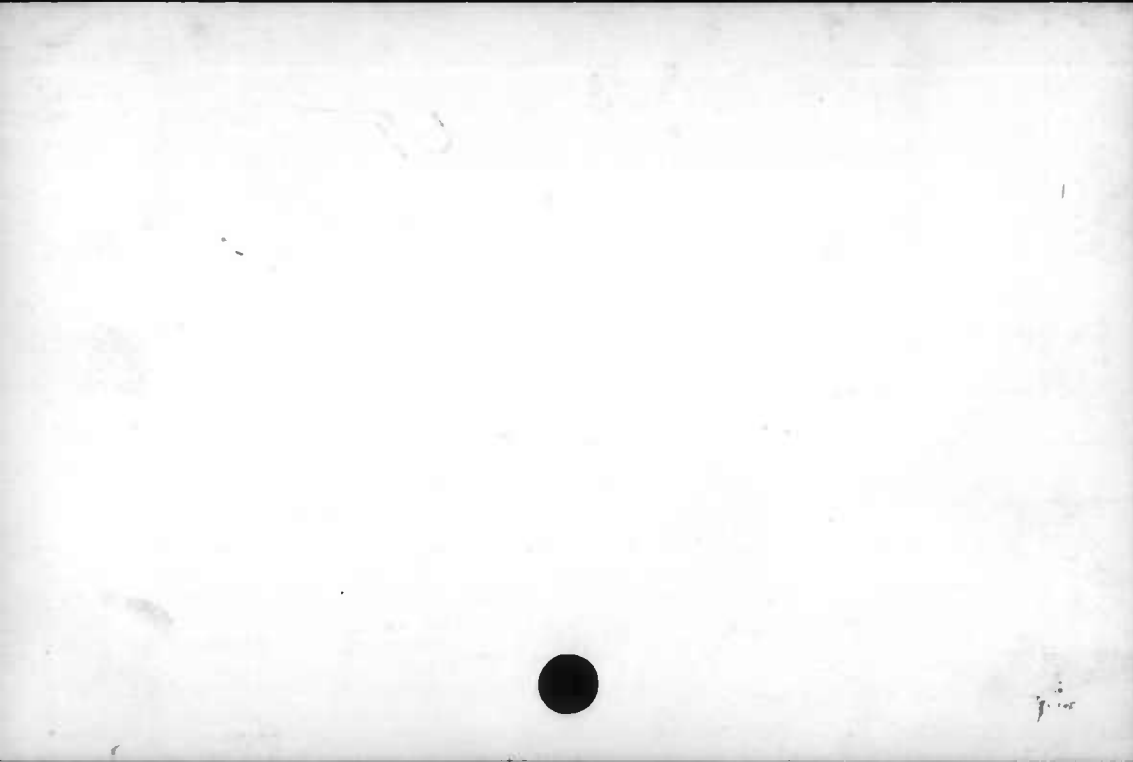
Primary *Cancer of Bladder* ^{How long} *2 yrs*

Immediate *" " prostate* ^{How long} *about 18 mos*

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *B R Davidson*

Address *Davidsonville Maryland*

Accident or Suicide



Name
in
Full

Alice Wells

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Annapolis*

County

Anne Arundel

MARYLAND

Date of death 190 *9* *June*

Month

Day

22

Age

Years

Months

Days

9

Sex

Female

Color or
Race

White

Birth-
place

Annapolis Md

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Single

Name of Wife or
Husband

Father's
Name

Sam'l D. C. Wells

Father's
Birthplace

An. A. Co. Md.

Mother's
Maiden Name

Valentina Duffy

Mother's
Birthplace

Annapolis Md

Name of person giving
Information

Sam'l D. C. Wells

How related
to deceased

Father

CAUSES OF DEATH

105

✓

Primary

Scutition

How long

Immediate

Enterocolitis

How long

about 10 days -

Are the name, age, sex, color, date
and place correctly given above?

yes -

Signature of
Physician

H. Emerson Lande M.D.

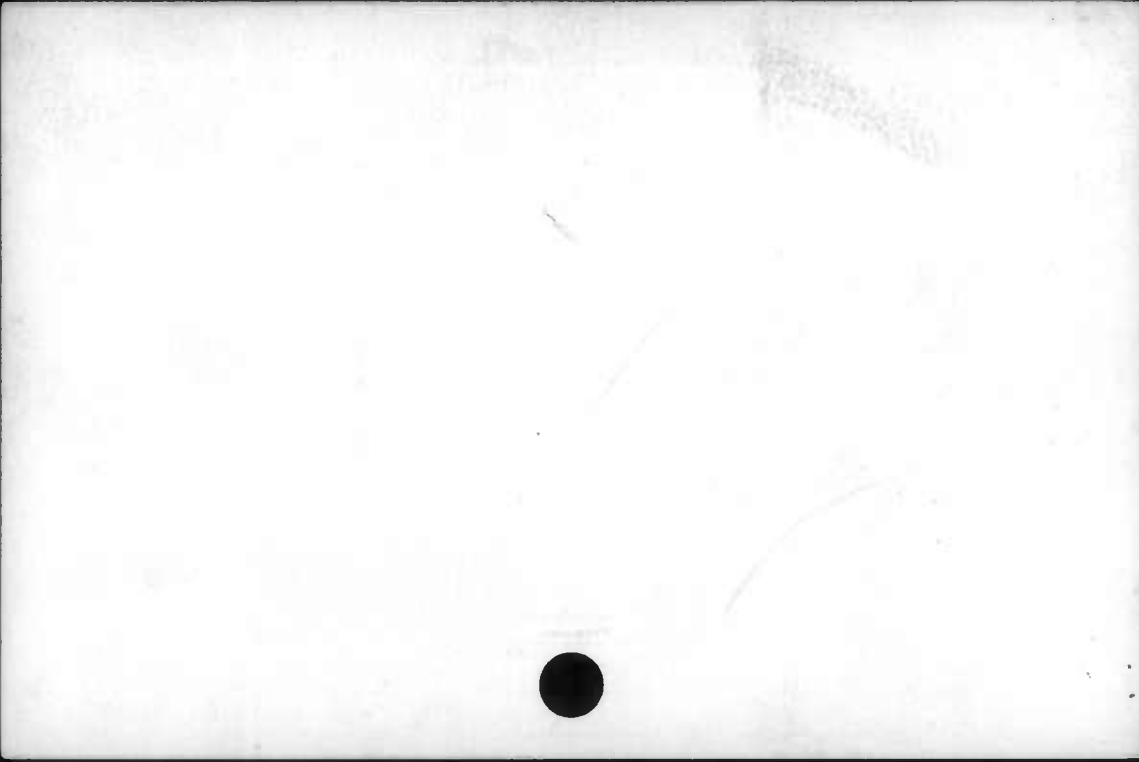
Address

*9 St. John St,
Annapolis, Md.*

Accident or Suicide

PHYSICIAN
OR CORONER

1



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDName *Mary Hells'*
Town *Annapolis*

County

MARYLAND

Died at *Annapolis**Anne Arundel*Date of death *1909 June*Day *20*

Age

Years

Months *9*

Days

Sex *Female*Color or
Race*White*Birth-
place*Annapolis Md*

Occupation

Where Residing if not
at place of deathMarried, Single
or Widowed*Single*Name of Wife or
HusbandFather's
Name*Samuel D.C. Hells'*Father's
Birthplace*A.A. Co. Md*Mother's
Maiden Name*Valentina Duffy*Mother's
Birthplace*Annapolis Md*Name of person giving
Information*Sam'l D.C. Hells'*How related
to deceased*Father*

CAUSES OF DEATH

*105**V*

Primary

Duntition

How long

Immediate

Entero-colitis

How long

*10 days*Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician

Address

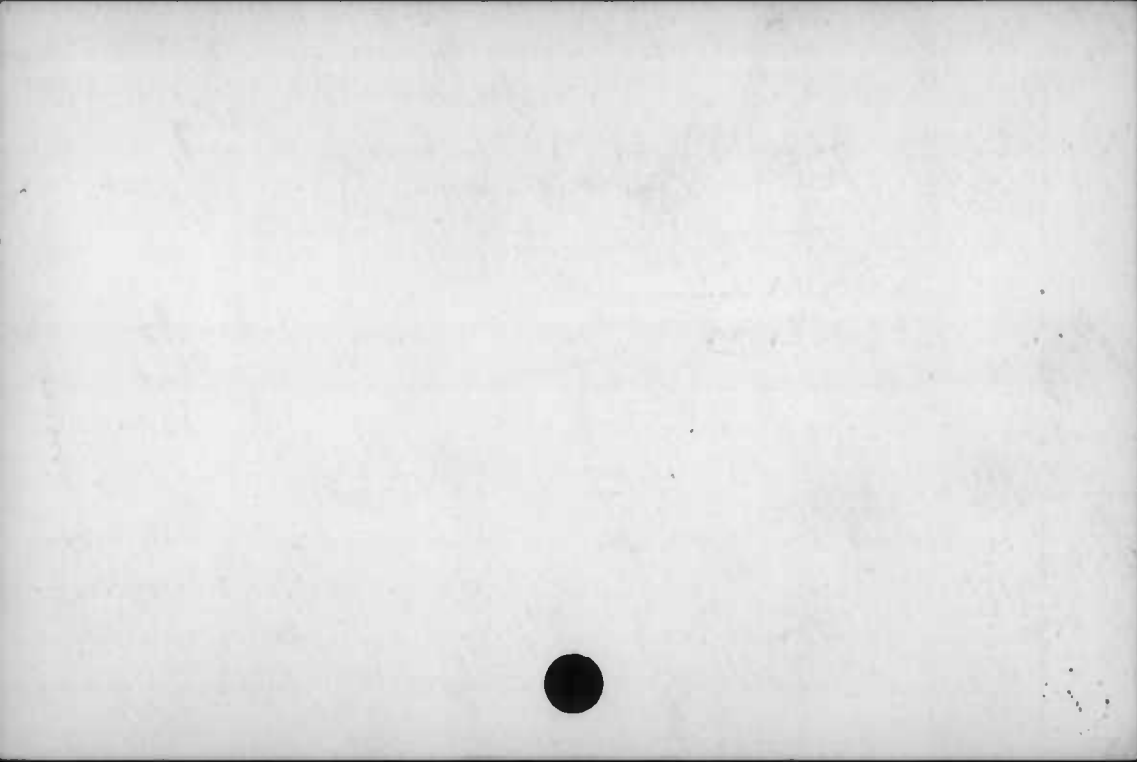
*S. S. Hephurn Md.**Annapolis Md*

Accident or Suicida

PHYSICIAN
OR CORONER



Name in Full		Certificate of Death			
Lycurgus G. Welsh		MAYLAND			
Died at <i>Patuxent</i> Town		County <i>a. a. Co.</i>			
Date of death <i>1909</i>		Month <i>6</i>	Day <i>10</i>	Years <i>88-</i>	Months <i></i> Days <i></i>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Howard Co.</i>	
Occupation <i>Farmet</i>		Where Residing if not at place of death <i>near Patuxent</i>			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Elizabeth Welsh</i>			
Father's Name <i>Warren Welsh</i>		Father's Birthplace <i>Howard Co.</i>			
Mother's Maiden Name <i>Miss Warfield</i>		Mother's Birthplace <i>Howard Co.</i>			
Name of person giving information <i>J. C. Welsh</i>		How related to deceased <i>Son</i>			
TO BE ANSWERED BY NEAREST FRIEND PHYSICIAN OF CORONER		CAUSES OF DEATH		120 ✓	
		Primary <i>Brought disease</i>		How long <i>6 mo</i>	
		Immediate <i>Cancer of liver</i>		How long <i>8 weeks</i>	
		Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>M. J. [Signature]</i>	
Address <i>Laurel Md</i>					
Accident or Suicide? <i>no</i>					



Name
in
Full

Hazelbush West

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Bristol</u> <small>Town</small>		<u>Anne Anne</u> <small>County</small>		MARYLAND	
Date of death	1909	Month	July	Day	26
Age	0	Years		Months	7
Sex	Male	Color or Race	Black	Birth-place	Ind.
Occupation			Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband			
Single					
Father's Name		Unknown			
Mother's Maiden Name		Sueie West			
Name of person giving information		Jos. Shepherd			
Father's Birthplace		Unknown			
Mother's Birthplace		Ind.			
How related to deceased		Nephew			

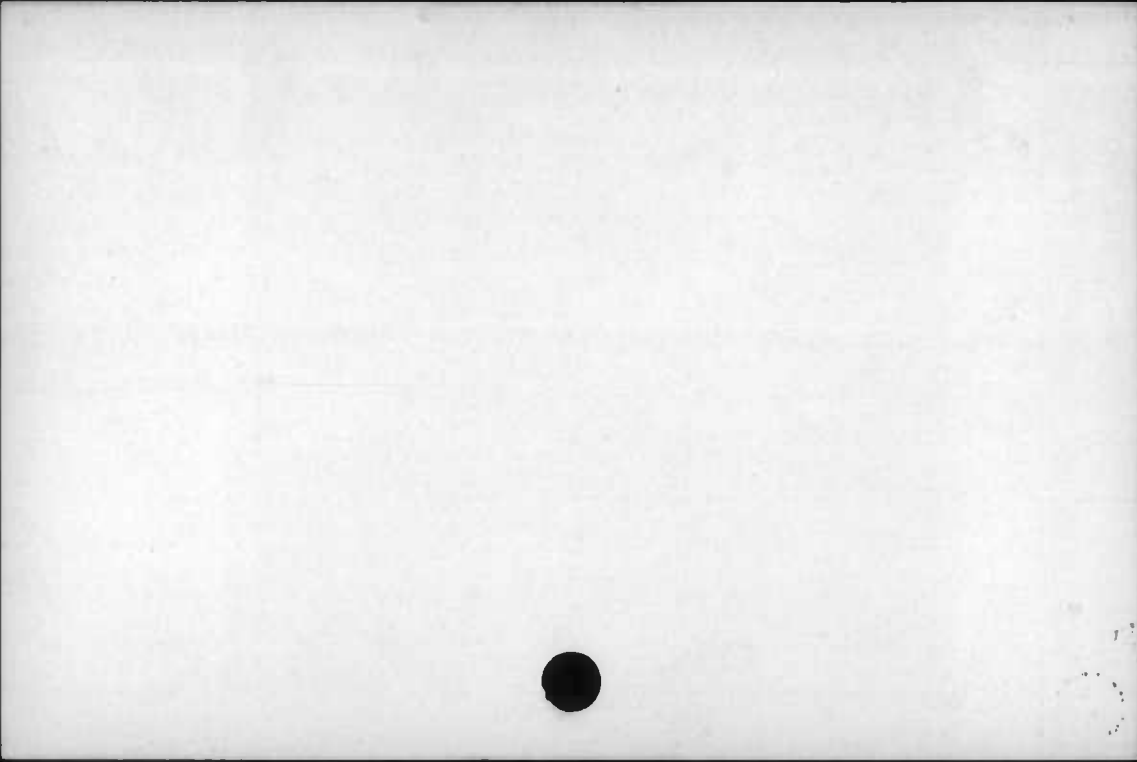
CAUSES OF DEATH

105

✓

PHYSICIAN
OR CORONER

Primary	<u>Enter Colitis</u>	How long	<u>1 week</u>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
2 months		<u>A. H. Ramey</u>	
		Address	
		<u>McKendree, Ind.</u>	
Accident or Suicide?			



Name
in
Full

Helen White

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town

County

Died at on Rock Point, 2nd dist.

Anne Arundel

MARYLAND

Date

Month

Day

Years

Months

Days

of death 1909

June

2nd

Age

8

4

-

Sex

Female

Color or
Race

Colored

Birth-
place

St. Mary's Co.

Occupation

School girl

Where Residing If not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

Frank White

Father's
Birthplace

St. Mary's Co

Mother's
Maiden Name

Janie Barnes

Mother's
Birthplace

St. Mary's Co

Name of person giving
Information

Frank White

How related
to deceased

Father.

CAUSES OF DEATH

10

✓

PHYSICIAN
OR CORONER

Primary

Influenza

How long

3 weeks

Immediate

Pneumonia

How long

6 days.

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

James S. Bellinger

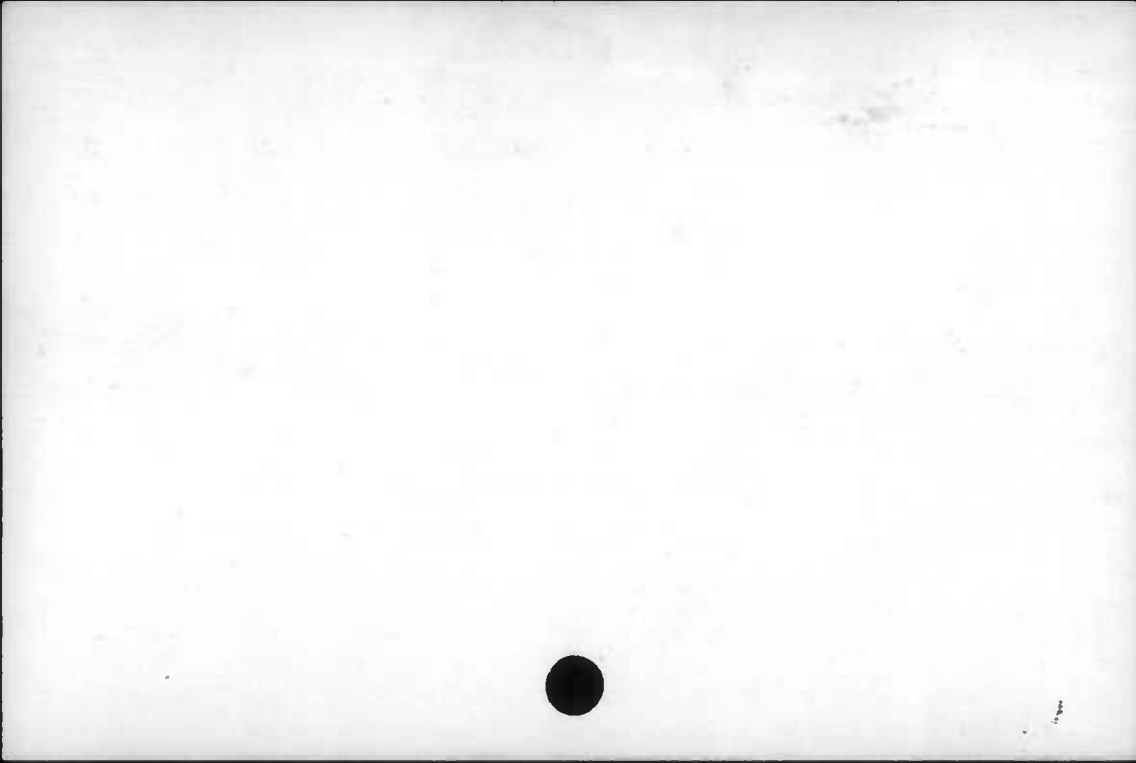
Address

Armiger

Md

Accident or Suicide

No



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Ira Whittington

Died at

Churchton

Town

County

Anne Arundel

MARYLAND

Date

of death 1909

Month

June

Day

6th

Age

Years

—

Months

8

Days

10

Sex

Female

Color or
Rse

Colored

Birth-
place

Drury, A.A.Co., Md.

Occupation

none

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
HuabandFsther's
Name

William Whittington

Father's
Birthplace

A.A.Co.

Mother's
Maiden Name

Minnie Thomas

Mother's
Birthplace

A.A.Co.

Name of person giving
Information

Minnie Whittington

How related
to deceased

mother

CAUSES OF DEATH

Primary

Gastro-enteritis

How long

2 weeks

Immediate

Exhaustion

How long

48 hours

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

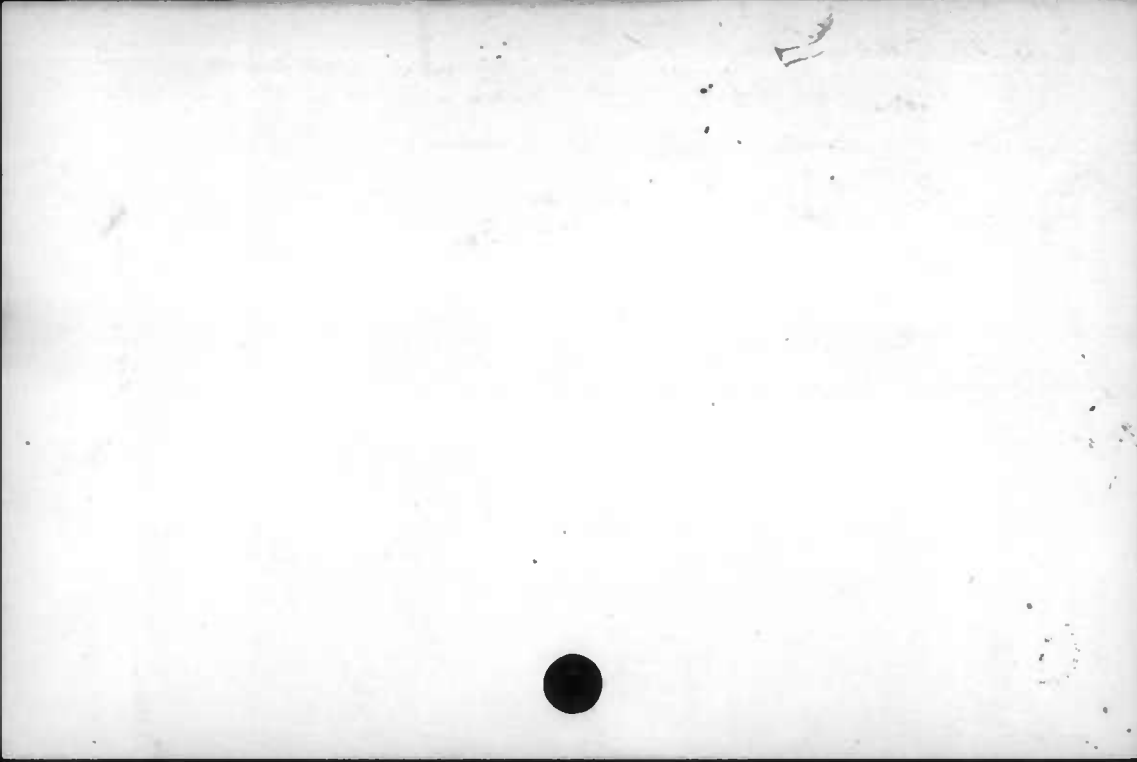
T. R. W. Wilson M.D.

Address

Churchton, Md.

PHYSICIAN
OR CORONER

Accident or Suicide



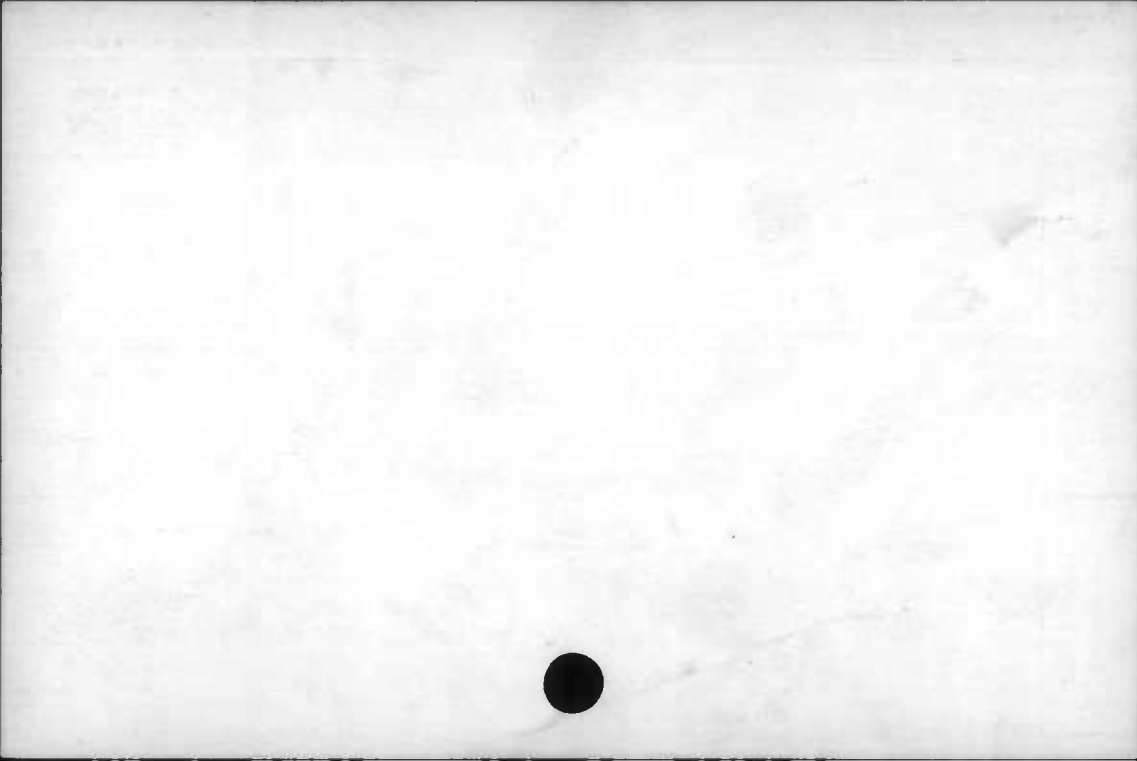
Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDName *Normanna Williams* Town *Annapolis* County *MD*Died at *Annapolis MD A. A. CO*Date of death 190 *9* Month *June* Day *13* Age *4* Years *and* Months *4* Days *and*Sex *female* Color or Race *colored* Birth-place *Annapolis MD*Occupation *—* Where Residing if not at place of death *25-Obrian Court*Married, Single or Widowed *single* Name of Wife or Husband *—*Father's Name *Robert Williams* Father's Birthplace *Annapolis*Mother's Maiden Name *Saddie Lane* Mother's Birthplace *Gamfrill*Name of person giving Information *Saddie Lane* How related to deceased *mother*

CAUSES OF DEATH

Primary *Enteric - Colic* How long *14 days*Immediate *Heart Failure* How long *Immediate*Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *Ambrase Lucia M.D.*Address *12 Clay St*Accident or Suicide *no*PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Sorbycelti*

Town

Atty.

County

Date of death *1909 June*

Month

Day

25

Age

Years

1

Months

5

Days

*1*Sex *male*Color or
Race*white*Birth-
place*Md.*

Occupation

Where Residing If not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name*Joseph Zamostny*Father's
Birthplace*Bohemia*Mother's
Maiden Name*Mary Zamostny*Mother's
Birthplace*Same as father*Name of person giving
Information*Joseph Zamostny*How related
to deceased*Father*

CAUSES OF DEATH

Primary

Cholera Infantum

How long

3 days

Immediate

Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician*Chas. B. Forton M.D.*

Address

So. Balty - Md.

Accident or Suicide?

